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[☞ By an oversight the last two numbers of the MEDICAL AND SURGICAL REPORTER were not indexed. Those who preserve their files for reference will please detach this leaf and attach it to the Index of the last volume.]

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Lectures.

BLOOD-LETTING AS A THERAPEUTIC RESOURCE IN OBSTETRIC MEDICINE.

By Fordyce Barker, M. D.,

Chemical Professor of Midwifery and Diseases of Women, in the Bellevue Hospital Medical College and Obstetric Physician to Bellevue Hospital.

Read before the New York County Medical Society, December 5, 1870.

[Reported specially by our New York Correspondent.]

The day following my return to this city from my summer vacation, I was called to see a lady in the sixth month of pregnancy, whose symptoms I considered indicated blood-letting. Not having a lancet with me, and being in the vicinity of an instrument shop, I sent there, and was astonished to find that they did not have such an instrument in the establishment. This fact struck me as most significant of the change of practice which has taken place in the profession during the last thirty years. In all the obstetric consultations in which I have met other gentlemen in the last fifteen years, I do not recollect of an instance where blood-letting has been resorted to or even alluded to as a therapeutic measure to be considered, except in a few cases of puerperal convulsions. Thirty years ago the authors who guided the practice of obstetrics both here and in Great Britain were Denman, Clark, Burns, Gooch, Collins, Ryan, Conquest, Lee, Ramsbotham, Rigby, Gordon, Hey, Armstrong, Dewees, Velpeau, Francis and Meigs.

I find from a careful examination of all these authors that blood-letting is recommended by one or all of them for the following conditions occurring during gestation, parturition or the puerperal state:

During gestation many advised and none objected to it. In uterine irritation and uterine plethora, erratic pains, cramp and numbness of the lower extremities, spasmodic cough, varices, pruritis, insomnia, swellings of lower extremities, hemiplegia, abortion when threatened, and to promote the expulsion of the fœtus when abortion is inevitable.

Velpeau quotes one case where a patient was bled 86 times during one pregnancy, and another, where a woman was bled 87 times in the later months of gestation, and in both cases the mothers were delivered of healthy children.

During parturition blood-letting was inculcated for false pains where the patient was plethoric or feverish, for irregular and weak uterine contractions where patient was feverish, for rigidity of the os or perinæum, to prevent abdominal inflammations, and to ward off or cure convulsions.

In the puerperal state it was urged as most efficient for the arrest and cure of all post partum inflammations, as metritis, phlebitis, peritonitis, etc.; also, to be most efficient in phlegmasia, dolens, puerperal mania, and puerperal fever. Now as some one or other of these symptoms occurred in every patient, it followed that nearly every case of pregnancy was bled. If my recollection serves me aright, the sentiment of the profession brought about a change from what had become almost a routine in practice long before the change was apparent in the doctrines taught by the standard obstetric authors.

It is important to decide whether or not the reaction has gone too far. Were our predecessors all wrong, and has the later practice been all right? For my own part I find that with an increasing clinical experience I am gradually getting to bleed more frequently, and this change of practice on my part has not arisen from any belief in what is termed a "changed constitutional type."

My convictions, that the lancet had been too much neglected by myself and others, have been increasing for some years past; but they received a new impetus from reading a paper by one of the most original and philosophical observers now living in England. I refer to the Introductory Address before the Medical Society of London, by Dr. B. W. RICHARDSON, President, on Bloodletting—a point of scientific practice.

This paper is so pregnant with thoughtful and practical suggestions that I am surprised it has not been more extensively copied in this country.

Whether the views of the author be accepted or not, it will repay perusal. I purpose in this paper to study bloodletting entirely as regards obstetrics.

It was in obstetrics that this measure was carried to the greatest extreme. It may be there now that it receives the most unmerited neglect.

I shall endeavor to appreciate the true value of this resource in the diseases of pregnancy; the complications of labor and the diseases of the puerperal state.

DISEASES OF PREGNANCY.

Thirty years ago vertigo, ringing in the ears, and other symptoms during gestation, were ascribed to plethora. CAZEAUX called attention to the fact that these might arise from an impoverished condition of the blood. It had been before noticed that the symptoms were identical. ANDRAL had observed that as the passage of an abscess of corpuscles caused the symptoms referred to, so a deficiency of corpuscles traversing the same vessels will produce similar derangements. The experience of the profession with regard to the effects of tonics confirmed Cazeaux' theory. Consequently cases of real plethora may not have been sufficiently taken into account. It not unfrequently happens that persons of comparatively feeble health, who usually menstruated freely, exhibit great functional activity, and gain flesh rapidly during pregnancy. Plethora may take place in such cases so as to render the pregnancy critical, even if it does not place the woman's life in danger. The troubles of circulation in the mother oppress that of the fœtus, and the appearance of its motions are retarded, if not yet observed as weakened, become less frequent and may completely cease. The prompt reappearance of the fœtal motions, after moderate bleeding, proves this to be the consequence of local congestion. An excess in quantity may occur in hydrœmia, causing a greatly disturbed circulation and local congestion from a kind of serous plethora. Moderate venesection, followed by a more nutritious animal diet and treatment with iron and other tonics will relieve these symptoms. Two of the more important and frequent local congestions—uterine and renal congestions—I shall here more fully allude to.

Cazeaux remarks—agreeing with my own experience—that uterine congestion is observed most frequently in feeble and anæmic women. The monthly periodicity, he observes, appears to excite greater vital activity in the uterus. There is usually tension; swelling of the abdomen; a feeling of weight in the pelvis, the groins and the upper part of the thighs. Pain is also felt in the region of the kidneys and loins.

If the proper means are not employed, the vascular congestion, and the pressure upon the uterine walls resulting from it, irritate the organ; slight contractions may occur, together with blood at the vulva in small quantity, vesical tenesmus, very marked, is also a frequent symptom. If these symptoms do not disappear under cathartics, revulsives, etc., I should consider limited bleeding, followed by tonics, to be of much value.

In respect to renal congestions the profession generally have only understood them for thirty years.

In some cases of apparent cerebral congestion, to quote from Dr. Richardson, the primary arrest of circulation began in the kidneys, and may be discovered in the temporary albuminuria of pregnancy. Within a few years past I have had a marked success in warding off the danger of convulsions by venesection, which I have never before attained by other measures.

I saw a case with Dr. CHEESMAN, in which the patient, a multipara, was seized with a pain in the head, and this followed by a convulsion; I took from her arm 30 oz. of blood, after which, in great measure, she resumed her consciousness. This was followed by elaterium and diuretics, and in a few days the patient was progressing favorably. At present the fœtal heart can be heard, and gestation is going on well.

I saw on that day, with some other medical men, a case of uræmic coma coming on four

hours after delivery. Two or three days previously she complained of much pain at the fundus uteri, but without contractions of that organ, which condition persisted.

After removing the placenta, a clot was discovered as large as a man's hand and firmly organized. There was no external hemorrhage. The urine was highly albuminous and scanty; but the physician had detected no trouble before her last sickness. In this case it would seem as if nature would relieve renal congestion by extravasation of blood. It is probable that the pain at the fundus was due to the effusion.

It seems to me that there is some liability to neglect bleeding from fear that the patient is not robust enough. But some of its best results were found by me in anæmic patients.

In 1851 I saw a lady near the end of a first pregnancy; she was sitting in her chair sweating profusely—much dyspnœa and nearly livid in the face. I quickly opened a vein, and, whilst standing with my back to the door, I heard no step entering the room until the raucous voice of Dr. FRANCIS, her attendant, gave me the encouraging salutation of "Well done, good and faithful servant!"

After removing 16 oz. the patient was relieved, and in three or four days was delivered of a hydrocephalic child.

In this case I thoroughly think that if she had not been bled she would rapidly have died.

IN PARTURITION

It is now rarely used to hasten delivery. Chloroform, etc., are more potent.

It is chiefly in dreadful convulsions that it does most good. The object of the bloodletting is to cure the spinal affection and prevent the cerebral condition that terminates in apoplexy. It is a means of greatest value:

1. Where there is much fulness of the vascular system causing congestion of brain and spinal cord especially; and again, during a convulsion, to protect apoplexy.

2. It is of equal importance where the disease is threatened by uræmia. I concur with Dr. Richardson, that there is no remedy so swift in uræmia, as venesection. Purging, etc., is only trifling with death.

To bleed is to remove tension from the brain and set the breathing free, and remove congestion of all the internal viscera. Also, when we take away blood charged with urea we supplement the kidney. Dr. Richardson has shown that in animals where one kidney is removed coma will disappear if blood is abstracted, and will die if this is not done.

IN PUERPERAL DISEASES.

In respect to treatment of post partum inflammations there is much doubt, as the pathology of inflammation is so imperfectly understood. I have not bled in this class of troubles in many years, but I have sometimes doubted whether or not I did right. I call to recollection a patient in Brooklyn who became very plethoric during the latter months of pregnancy, and who, after a severe labor, rallied well on the fourth day. A very severe attack of metro-peritonitis set in, and on the twelfth day she died. I have often regretted that I did not bleed this patient either before or after confinement, as she lost but little blood during her labor. I have often felt that from fear of post partum hemorrhage we have been too ready to secure the contractions of the uterus.

In respect to bleeding in puerperal fever, I hold to my former views on the subject, and do not bleed. The additional thirteen years in Bellevue Hospital and private practice have not changed my sentiments on this point.

In puerperal mania I recollect one case in which the symptoms became so aggravated that she passed into raving delirium, and every hour showed a tendency to grow worse. I bled her to about fifty oz., when she fell into a quiet slumber, and awoke conscious.

I hope that if I have not exhausted the subject, I have not exhausted your patience. It has seemed timely that the profession should be recalled to a remedy which has fallen greatly into disuse, but which, to quote again from Dr. Richardson, is one of the most scientific we have at our command—that it produces effects as patent to the eye, as convincing to the reason, as any known remedial measure.

DR. PEASLEE—I make it a custom in patients who are plethoric to let them bleed Oj. or Oij. during parturition. On the other hand, in anæmic cases, I administer ergot ten or fifteen minutes before the birth of the child, in order to prevent the loss of any blood. There is no doubt in my mind as to the benefit of venesection in eclampsia. I have never been adverse to bleeding, for be it leeches or be it cups, there are conditions in which it is really the only remedy. I am not in favor of pushing it to extremes, and seek to use it judi-

ciously. I am very glad, indeed, to see that Dr. Barker has brought the matter forward.

Dr. F. D. Lente—I am also in favor of bleeding in convulsions; however, I think I should prefer chloroform, veratrum viride, and morphia.

Many other gentlemen of the society approved of Dr. Barker's views, and thanked him for presenting them at the present time.

Communications.

OBSTETRIC NOTES.

By L. G. Harley, M. D.,

Of Wooster, Ohio.

I send you the preternatural cases of labor, with some other irregularities, occurring in about 2,000 cases, and in a practice of thirty years, at Dalton, Wayne county, Ohio:

Forceps cases	15	Triplets (cases)	3
Perforator and crotchet	8	Acephalous	2
Placenta prævia	2	Noseless	1
Convulsions	7	Hare lip	1
Arm presentation	3	Clubfoot	1
Prolapsed cord	2	Spina bifida	2
Twins (cases)	21	Albinos	1

TWIN AND TRIPLET CASES.

In three of my twin cases it became necessary to use forceps. In one case the cord was only about eight inches long, and from its shortness prevented the expulsion of the child. In another case the labor was tedious, and, after giving birth to first child, my patient was too much exhausted to expel the second without aid. In my third twin case, requiring forceps, I delivered first child on account of inertia of uterus. These children were all born alive. One of them, Miss L., now 17 years old, was recently visiting my family, and judging from her intelligence and amiability, was certainly worth saving. My other forceps cases were not remarkable; disproportion of parts or want of physical force was generally the difficulty, making forceps necessary. In two of my cases I waited too long before using them, and these two children were dead.

There was nothing unusual about my twin cases, but what I have already written. One of which I will however detail, as it was, at least, somewhat "funny." Toward morning of a very cold night, January 2, 1864, I had a call to deliver a placenta. The child was born at 7 o'clock the previous evening. I got to the place about 4 o'clock, morning, almost frozen, having had to ride seven miles. I found the accouchee lying quietly in bed, and when I got warm I took my seat by her, when I told them it was no wonder they could not get the afterbirth away, as there was another child there. By the aid of some stimulants and reassurance, she again resumed the "business in hand," and soon gave birth to the second child, after which there was no serious trouble in getting the afterbirth away. Her attending physician was a young German doctor, who had "studied medicine," some six months, with an old humbug of a "water doctor," in Akron, whose name I don't just now recollect.

In another case, pregnant with twins, one fœtus died at about three months, but was carried to full term, when the mother gave birth to a fine little girl, and when I extracted the placenta, I found the little dead fœtus, partially enveloped in it, in quite a good state of preservation.

My cases of triplets were the product of one prolific woman, and she gave birth to six children in eleven months and a half. On the 30th of January, 1853, the first three were born, premature—two dead, and one lived about five weeks. On the 16th of January, 1864, the second shower came to light, fine healthy boys, and are still living and will soon be 17 years old.

PERFORATION CASES.

In my cases of perforation, five of them were caused by deformed pelvis. Two of these subjects of deformed pelvis had each two children, at as many births—making four of these cases. The other three cases were caused by impaction.

One of these cases was an old girl illegitimately pregnant, and when she felt the premonitory labor-pains, she walked from Massillon to the vicinity of Marshalville, some 13 or 14 miles. This was on Friday. Next day she sent to Marsbalville for a doctor, who is an "eclectic." He staid with her till Sunday afternoon, when he had a *severe headache*, and said he would go home and take something for it, and return immediately. He, however, did not return. On Monday they sent for another doctor, and on Tuesday he sent for me. I saw her after she had been in labor the fourth day, and almost *moribund*. I perforated the head and delivered her, but in a few hours she died.

This was the third *old* girl that I have deliv-

ered of an illegitimate child—all of them over thirty years old, and when, at least,

"The heyday of the blood *ought to be growing* tame and humble.
And wait upon the judgment."

This is the only death that has occurred in my practice after the use of instruments; and I can say with a very clear conscience, that none of my parturient patients were ever injured with instruments of any kind.

PLACENTA PRÆVIA CASES.

In my placenta prævia cases, one only was my own—placenta only partially over os. I was called to this patient several times during the last two or three months of her pregnancy on account of hemorrhage, and prescribed rest in the horizontal position, and she managed by being careful to go on to term without any very serious loss of blood. When she fell in labor, it was fortunately speedy; the os was soon dilated, and the head advanced rapidly, so that the flooding was not nearly so profuse as I feared it might be. She got over her peril quite well herself, but her child was dead.

In the other case of placenta prævia I was called in counsel. I was well acquanted with the woman, and had seen her several times in the last months of her pregnancy. Her attending physician was old, experienced, and competent, but somehow allowed himself to become obfuscated this time. I had this call early one Sunday morning, the messenger saying the doctor had been there since Friday evening. He started back immediately, saying I should come as soon as possible. I was very soon under way, with my instruments under my arm, thinking possibly the doctor had none with him. By and by I overhauled the messenger, and remarked that I had brought my instruments with me, when he said: "Why, Pete's wife ain't going to get a baby?" He was "Pete's" brother. I replied that I supposed that was just what ailed her. Arriving at the house, I found the doctor sitting by the kitchen fire, and said to him, as a reason for bringing my instruments, that I supposed Mrs. S. was about to be confined. He remarked that "if she was going to have a child he couldn't find it." But said he, "Doctor, examine her, and see if you can find out what is the matter." I found the woman almost flooded to death, and this had been going on since Friday afternoon. The os was well dilated, and the placenta immediately over it. I again returned to the kitchen, and said: "Doctor, you have a case of placenta prævia, and if Mrs. S. is not delivered immediately she will die." The "situation" got through the doctor's hair at once. He exclaimed: "My God, doctor, I never thought of that." He at once passed his hand up by the side of the placenta, found the feet, and turned. I think, after the doctor appreciated his case, she was delivered in less than ten minutes. The patient is still living, and in the enjoyment of good health, notwithstanding this immense drainage of blood. This case transpired ten or twelve years since. The child, of course, was dead, and the mother's escape was almost miraculous.

CONVULSION CASES.

Five of my cases of convulsions preceded labor, and in one of them the convulsions continued five or six hours after delivery. In this case the child was dead, and it was several days before the mother's consciousness returned. Her next labor took place in Iowa, and she died of puerperal peritonitis.

In my other four cases preceding delivery the children were born alive.

In the other two cases the convulsions came on immediately after delivery was accomplished.

My treatment in these cases was bleeding largely, followed by large doses of tinc. opii. I have given the laudanum in two drachm doses frequently.

In one of these cases, Mrs. G., her husband came after me, and told me his wife complained of a severe pain in her head, and said when he left home she couldn't see. I told him to return immediately, for I thought his wife would have "fits." I hastened to his house, which was four miles distant, and when I arrived, his wife had already had three bad convulsions. I bled her an ordinary tin wash basin half full, and gave her half a tablespoonful of laudanum. The os, on my arrival, was only slightly patulous, but it now dilated kindly and quickly, and her babe was born in about two hours after the bleeding and laudanum. She had two or three more convulsions after I bled her, but they were quite diminished in force. This patient was blind, and remained so till the second day, when her eye sight gradually returned, and she had a quite good "getting up." Within the year, she had a severe attack of bronchorrhagia, and died in a few hours.

ARM PRESENTATIONS.

My arm presentations occurred in the practice of neighboring physicians, and I was called in in counsel. I saw each of these cases after protracted, unavailing efforts at delivery, the water drained off and the patient exhausted. I, however, with care and patience, succeeded in turning and delivering, without any great effort, save in one case. In this case I could find but one foot, without an undue exploration. This woman had been in labor two days, her child dead and undergoing decomposition. I brought the foot through the vulva, when the ankle joint began to give way. I applied a fillet around the leg below the knee, and made traction, and by and by the knee joint began to give way. I then applied my fillet around the thigh above the knee, and continued my efforts. The doctor who had been in attendance was sitting by me, quite impatient, and whispering, "you don't pull hard enough." I finally "pulled" the leg off at the hip joint. Being by this time somewhat tired, I asked the doctor to sit down and try if he could find the other foot. He did, but in less than five minutes got up saying, "No sir, it can't be done, sir; you must dissect the child, sir, as I told you all the time, sir." I told him to be patient and I would try again. This time I succeeded in finding the other foot, and brought it down, when the evolution was readily effected and the child delivered. Some two years after this I again took care of this lady, when in a abor of four or five hours she gave birth to a fine little girl weighing nine pounds.

In another of these arm cases, the doctor, who was a "root doctor," sent a messenger to borrow my instruments. I told the man I would not lend them to him, as I was certain he knew nothing about them, and if he should murder that woman with them I would not feel guiltless. It resulted in my going along to see the patient. I found the arm thoroughly extruded, as a Dutch woman and the doctor had been taking turns pulling at it, and telling the woman to "bear down." I placed the woman across the bed, and turned and delivered. The woman, victim as she was of imprudent ignorance, and much abused, yet made a good recovery. Some years after this this same man of "roots" had a primipara under his care till she became exhausted, when he sent to my colleague to borrow *his* instruments, but the doctor being absent and his wife refusing to lend them, I was requested to see his patient. This young couple lived in an old style "cabin house," no window in front, and the messenger being the husband's brother, omitted the formality of "knocking" at the door, but just opened it and walked in; and O, what a sight! There sat the doctor in all his goriness, sleeves rolled up, jack-knife in hand, sitting on the edge of the bed, and trying to open the child's head that he might get his fingers in the hole and drag it away. He felt somewhat confused, but told me that the child was dead, and he was trying to open its head and deliver it. His appearance suggested the idea that he had just been butchering his winter's pork. I delivered the child with forceps, when the little fellow kicked and cried vigorously, notwithstanding the murderous demonstrations to which he had been subjected. The scalp, over the left parietal bone, was gashed and frayed, and presented such a hideous appearance that the woman insisted on my washing and dressing the child myself, which I did. There was some exfoliation of the osseous structure, but the child survived it all, and still lives, now an "American sovereign."

My last case of arm presentation occurred in the winter of 1867. Mrs. P. fell in labor and sent for the doctor on Thursday evening. Unfortunately, her doctor was a devoted worshiper at the shrine of Bacchus, attending all the orgies of the vinous god, and consequently neglecting Meigs and Hodge, and their compeers. The arm was extruded some time on Thursday night, and I saw the sufferer on Saturday morning about 7 o'clock. The doctor, placing his arm alongside his head, remarked, "it is coming this way, and soon the head will be low enough for you to apply your forceps." From the time already occupied in vain efforts at expulsion, I had very little faith in his diagnosis. I sat down by her to take note of the case, and found the head in the left iliac fossa, and the shoulder occupying the inferior strait. The water was drained off, and the uterus contracted on the fœtus. We placed the patient across the bed and chloroformed her, when I turned and delivered the child. I was astonished at the ease with which I accomplished the evolution in so unpromising a case. It was, of course, chloroform that made the affair an operation easily effected. The child, as usual in protracted cases of this kind, was dead. The

mother made a tolerably good recovery; she had partial paralysis of her left limb for some months, but it finally resumed its usefulness. I noticed on the shoulder of this child, which had been the presenting one, a number of ugly suggillations, and on asking an elderly woman the cause of it, she said the doctor had several times been trying to use his instruments; of course he had mistaken the shoulder for the head.

PROLAPSED CORD.

My cases of prolapsed cord occurred a number of years ago, before some German (I think it was) suggested the proper position in which to place the patient for its reduction. One of these children was born alive, the other dead. I failed to return the cord in either of these cases.

ACEPHALOUS AND OTHERWISE DEFORMED CASES.

One of my acephalous cases was a twin, and lived 21 hours. It only breathed; neither moved nor cried; the other was born dead. These children, in their imperfection, resembled each other closely. They looked as if the calvaria had been removed by opening the head at the usual place. The cerebrum of each was in miniature, about as large as half of an ordinary American walnut. The cerebellum seemed to be perfect. The edge of the apparent section of the skull was covered with common tegumentary tissue. These children otherwise were well formed.

My noseless case presented two small orifices where the nose ought to have been. Fortunately the child was born dead.

My hare-lip case was otherwise a well formed child, and its defect could have been easily remedied. It, however, was likewise still-born.

My club-foot case is a leg almost minus the foot, and the owner of this contrivance, now at least 25 years old, when he hasn't got religion, and takes "suthen" and gets on a spree, raises the mischief with this "game leg" of his. He uses it nearly as well as an Irishman does his shilalah.

In one of my cases of spina bifida, the fourth and fifth lumbar vertebræ were largely deficient, and quite a large sack of fluid protruded, covered by a delicate membrane. I supposed this child would soon die, and made no effort to remedy the defect. In a few days the membrane ruptured, and the child died.

In the other case the defect was in the same location, but much smaller, and covered with tegumentary tissue. I applied a compress and bandage, and a cure was effected, leaving a small protuberance, just enough to excite the wonder of the boys when they go bathing, and have them say, "Charley, what's that you have on your back?" This boy is now about 17 years old.

My albino case is 23 or 24 years old, and of course a "man of mark." He gets on well enough, only when the sun shines brightly, and then his vision is somewhat confused.

One case more, and I have done. A medical student of one course of lectures, and married, sent for me one morning to take care of his wife in labor; but I failed to get the message, and left for the country to see some of my patients. On my return my services were still in requisition, and, going into the bedchamber and seeing the babe dressed and things looking comfortably, I asked what was the matter, and learned the placenta was undelivered. Seating myself by the bed, and finding the placenta extruding through the os, I extracted it, when my young friend remarked: "Now, how easily I could have done that if I had known how." "Just so."

Hospital Reports.

UNIVERSITY OF PENNSYLVANIA.

Clinic of J. E. Garretson, M. D., Lecturer on Surgical Diseases of the Mouth.

[REPORTED BY DE F. WILLARD, M. D.]

Nævus.

GENTLEMEN:—Here is a case with which you well rarely meet in your clinical experience—certainly I have never seen a similar example. It presents itself in the person of a little child—— months of age, who was brought to my office some weeks since, suffering with a huge erectile tumor, which occupied a large portion of the right cheek, while another, a half inch in diamater, was situated upon the lateral frontal region near the border of the hair.

The one upon the cheek was formidable, both in appearance and size, and while holding its method of cure under deliberation I operated upon the smaller one by strangulation; it soon sloughed, and the base is now rapidly healing, in fact, it pursued an ordinary simple course. Most singularly, however, as the process of sloughing went on, I noticed almost pari passu, a series of phenomena

taking place in the nævus upon the cheek; it becoming first red, then livid, advancing to dark purple, until, as the above ligature dropped off, its tegumentary covering also ulcerated, and the whole nævus became as you now see it, a sloughing mass. In truth, by curing the little one above we have cured the monster below, for I have no doubt that as this dead tissue separates there will be left but a fresh granulating surface, which will speedily heal.

Now you all know what a nævus is; I have brought before you many cases at our clinic; I have shown you their composition; a congeries of dilated arteries, veins or capillaries; I have told you that I preferred the name, erectile tumor; and I have spoken of the various means employed for their cure (*vide* REPORTER, vol. xxiii. No. 16). Knowing this, then, you will say "how could this action have taken place? Was it an accidental coincidence?" No! I think not, neither was it, properly speaking, a spontaneous cure, for there was an evident, perceptible cause, and that cause was the ligation of the other tumor; and yet if you ask me how this cause produced such a result I shall be unable to give you a positive answer. One is in a position fed by the facial artery; the other, dependent upon the anterior temporal, or supraorbital and frontal branches of the opthalmic for its supply, at least in the normal state of the blood-vessel system.

I can, therefore, only suggest, as a reason, that there may be in this individual an abnormal distribution of the arterial trunks, and that both these tumors have been nourished by the same vessel. Granting this, then, it might follow that I had cured this large tumor upon the principle of the Brasdor operation for aneurism, *i. e.*, by interfering with the circulation of the terminal branches of this artery, I had developed a sufficient disturbance in the circulation of these large vessels to set up an irritation, then an inflammation, and finally a complete slough, producing thus a most desirable result from an unintentional and comparatively trifling cause. This may or may not be the true explanation. Certainly I can suggest none more reasonable. Paget speaks of one or two cases of this kind, yet gives no explanation as to their occurrence.

Salivary Fistule.

Here is a young woman who has been troubled with an open ulcer upon her cheek for nearly two years. Her difficulty commenced as an alveolar abscess, from the second molar tooth, a disease the varied results of which I so often bring before you; (and do you not remember last summer, how I then urged upon you the necessity of a thorough comprehension of the subject, since you would so often meet with its victims?) (Vid. REPORTER, July 30th, 1870.) This abscess opened not into the mouth, but burrowed upward through the buccinator muscle, perforated the Stenonian duct, and finally opened upon the cheek, forming a fistulous track which communicated not only with the root of the tooth, but also with this duct, and we consequently have both saliva and pus constantly exuding from this orifice. Here, then, are two indications to be fulfilled in the treatment. In the first place the primary cause must be removed, and this cause exists in the two remaining carious fangs of the tooth above mentioned, which will continue to exercise their irritating influence as foreign bodies so long as they remain in their present position. They must, therefore, be removed, thus giving nature the power to complete the removal of the difficulty. In the second place, having removed the cause of drainage, the saliva must be turned into its normal receptacle, the mouth.

This ulcer has resisted various treatments during these two years, for although its salivary nature was recognized, yet the underlying causes, these carious fangs, were not removed, and of course the discharge continued and must have an outlet. As these roots are below the margin of the gum, we shall use the "elevator" for their extraction. [Tooth roots here lifted out by the "elevator."]

Now we have removed the exciting cause of all this difficulty, and will next try to cure this intractable ulcer upon the cheek. What must we do? We must make a passage by which the saliva will find a more easy outlet, thus turning it out of its present channel and giving opportunity for repair. For the accomplishment of this purpose a strand of silk is threaded at each end to a straight or curved needle, as preferred, and these needles are then successively passed into the fistula and carried out through the mouth, leaving about a line of tissue between the two points of passage. Removing the needle, a loose knot is then tied, forming a short loop, or else the intervening tissue may be immediately strangulated, and the loop allowed to ulcerate its way through. As this separation occurs, the saliva will take its course through this opening into the mouth (provided it has been made of sufficient size), and the external wound will heal usually of its own accord, but may sometimes require slightly stimulating with arg. nitr. I think that you will seldom be required to pare the edges of the external wound. This operation I prefer to that of Horner, where the whole tissue is cut out with a sharp saddler's punch, as you will find described in your surgical works, since it is perfectly simple and reliable.

Another mode of operation is by the use of a conical cotton tent, which is inserted into the wound after a puncture has been made with a bistoury entirely through into the mouth, its base being placed in that portion of the track situated nearest the inside of the cheek, with the delicate point of the pyramid at the external fistule. This, by its unequal

expansion, will dilate the internal orifice and permit the narrowing of the external, when, after a few days, it may be removed and a similarly shaped cone of folded iron-wire inserted in its place, the apex of which cone should consist of but a single wire. This will induce a patulous condition of the oral passage, while the fistule will diminish in diameter to the size of the wire, when you have but to remove it, and all will be well in two days.

Some one of these operations will usually be found applicable, but in cases where the fistule is the result of extensive sloughs, as in cancrum oris, autoplasty may be required.

These salivary fistules you will find to baffle all your attempts by stimulants and caustics, and I would rather advise you to operate at once. The worst cases are those where some of the lobules of the parotid gland have been injured; and let me here caution you to be extremely careful, in all your operations in the region of that gland, not to cut through that strong fascia which comes up from the neck, known as the parotid fascia, for should you cut but one lobule of this gland, a fistule may result.

[The two needles were then carried through, bearing the thread with them; a loop was made and allowed to hang loose in the mouth. In a few days it had cut a passage into the mouth; the saliva followed its track, and after a single application of arg. nitr. the girl reported in two weeks entirely well. —De F. W.]

Irregular Dentition.

I next show you a girl, 15 years of age, who comes to us with an irregular, uneven superior dental arch; and as it illustrates some of the anomalies of dentition, I bring the case before you. We look at her upper jaw, and perceive that she has sixteen teeth—eight upon either side of the center. Now she is only 15 years old, at which age you know that the ten deciduous teeth should have all been replaced by permanent teeth, yet the third molars or wisdom teeth should not have appeared. Her complete set upon the upper jaw, at present, would therefore be fourteen. I find that there are here three molars upon each side, yet there is space still remaining behind these, in the normal position of the wisdom teeth, and am therefore confident that these are still to erupt, which would give her eighteen in the arch. Whence then these three molars? I examine them carefully. The posterior one is evidently the normal second molar, and the next neighbor is the ordinary first molar; yet between this and the bicuspids is an intruder, upon either side. What is it?

Supernumerary teeth are, as a rule, doubly conoidal; but this is not so. It is, however, small and diminutive, and presents every appearance of a milk tooth—the second molar; and such in truth it is, remaining here at the fifteenth year, whereas it should have dropped out at the tenth—its fangs not having been absorbed from some reason unknown to us. Now, fortunately, there has been nearly sufficient room in her arch to accommodate this retention, and the teeth are but moderately displaced; yet, suppose that it had been impossible for the permanent teeth to have crowded their way into the arch,—they must then have been compelled to make alveoli for themselves, and would, probably, have emerged posteriorly to the deciduous, at some point in the roof of the mouth, or might have formed an odontocele. This condition of odontocele is one we will frequently remark when we find a deciduous tooth in the place of a permanent one, and, in fact, we should bear this relation in mind in all dentigerous cysts, for they are often found in connection also with supernumerary teeth.

In its relation to these osteo-dental, or dentigerous tumors, or odontoceles, or compound cysts, as they are variously called, this case is especially interesting to us, since the presence of these teeth might have readily resulted in the formation of such a tumor. The most common position for such tumors is in the region of the palatine processes of the superior maxilla. Yet, I remember one case in which I found such an encysted tooth, with its apex in immediate relation with the floor of the orbit. Your diagnosis will rest mainly upon their position and upon their size, but in cases of obscurity you could easily settle the question by an exploring needle, which will reveal, at least to an educated touch, the presence or absence of tooth structure. The contents of these tumors, or compound cysts, sometimes consist of undeveloped but more commonly of supernumerary teeth. The presence of these supernumerary teeth in such a position is interesting also to us in a physiological as well as a surgical point of view, for as they are not necessarily a dermatic production, the appearance of these in the mouth is as unaccountable as is their association with ovarian or other remote tumors.

In the present instance, however, these teeth are nearly in position, as are also all the permanent, so that we have but to afford a little more room in the arch by the simple extraction of these offending bodies, thus allowing the remaining ones to fall into their normal places.

An encysted tooth germ, as could readily be inferred, may heterogeneously develop; that is, there may be such a transposition of the dental elements that the microscope can alone individualize them. A famous case of this kind I have reported in my work on Oral Surgery, where the son of a banker, as the result of encystment of the germs of two of the molar teeth, had a tumor form in his lower jaw, which never was diagnosed until after a resection of the bone, when the microscope demonstrated it to be dentigerous. Anomalies of dentition should claim from you considerable attention.

PHILADELPHIA HOSPITAL.

Wednesday, Dec. 7, 1870.

Surgical Service of JOHN H. BRINTON, M. D., Lecturer on Operative Surgery in the Jefferson Medical College. One of the Surgeons to the Philadelphia Hospital and Surgeon to the St. Joseph Hospital.

[REPORTED WITH NOTES, ETC., BY RALPH M. TOWNSEND, M. D.]

GENTLEMEN: I first show you this morning some results of previous operations. You will hardly recognize in the clear eye of this woman the one that was so inflamed and congested but a week back. We did nothing here but pull out the offending eye-lashes, and apply a wash consisting of a drachm of sassafras pith to the pint of water. Before dismissing this case, let me give you a hint. Sometimes in looking directly at the eye of a patient affected with trichiasis and distichiasis, you will be unable to see the offending ciliæ. I advise you always to take care to place your patient between yourself and the light, looking transversely across the face, so as to bring the hairs in profile. A lens is also of benefit in examining for this condition.

These two men show the

Results of Operations for Phymosis.

I want you to see for yourselves what you may expect after operations of this kind. If you leave the clinic room with only a knowledge of the immediate operation, knowing nothing of what happens subsequently, it will only be to chagrin and mortify you hereafter, when you promise immediate benefit to patients similarly affected. Observe this man's penis closely. See how the swelling and granulation have drawn tense the heretofore lax sutures. Had I drawn them tight in the first place, they would by this time have cut their way through the parts, and have been of no further use. The matter of the insertion of sutures is one, I think, of some importance. Do not fasten your sutures too tightly; allow for the inevitable swelling which follows operation, and you will thus obtain a greater effect from your threads or wire, and procure a more perfect aptation of divided surfaces. In this case, after the inflammation subsides—being less to-day than yesterday—and cicatrization takes place, nature will round off the parts and give the man an organ of which he need not be ashamed.

Now this second case does not look quite so satisfactory. Here there was more indurated tissue to trim away, and more extensive ulcers to cauterize. The penis looks lopsided; but here, as in the former case, we will fall back on nature's smoothing hand, and if she fails us, a clip from the scissors will quickly round off the dog's ears and angles.

Now what is the after-treatment in these cases? Remember that this organ is a nervous one. It is subject to erections, and where they take place they will tear out the sutures. Don't expect your patient to get up and run around then, the day following the operation. Keep him recumbent. Pay attention to his diet and secretions. Two grains and a half of camphor, and one grain of opium by the mouth at bedtime, and the introduction, if necessary, into the bowels of a suppository made of cocoa-butter, and containing one-half a grain each of the watery extract of opium and the extract of belladonna, will control these erections. That is all my treatment.

As a last result, here is the man who suffered with the sinuses about the ankle, and the operation upon whom completed my last clinic. Fever, pain, nervous irritation and insomnia followed the slitting up of these sinuses. Hypodermic injections of morphia and opium and chloral by the mouth, seemed for a time to be without effect; but after the expiration of forty-eight hours the irritative fever passed away, and then the anodyne acted nicely. Over the ankle I applied tepid water and laudanum. I like this application. This man is decidedly better, and before further procedures I will await further results.

Fistula in Ano.

This man, you will remember at my last clinic, as having a stricture at the urinary meatus cut, and also a sinus at the verge of the anus laid open. He has an anal fistule also, and upon this I propose to operate. I have not the time to-day to dilate upon the causes producing this condition. Suffice it here to say that ulceration of the rectum and the escape of matter and gas through the resulting perforation and through the ischio-rectal mass of fat to the skin is in brief the pathology of this condition. This sinus is a long one, and empties into the bowel high up. I propose, in order to avoid a too profuse hemorrhage, to cut it gradually out by a seton, and I like best for this purpose a few strands of silk. You see me now pass an eyed probe armed with the silk through the fistulous track into the bowel. Then introducing my finger into the rectum, I catch and draw down the end of the probe. The extremity of the silk follows the withdrawal of the latter. I now have the fistula ringed, as it were, and draw tight and tie my loop. This will loosen as the silk cuts its way through, and either the surgeon or the patient must tighten it daily.

Inflammation of Knee-Joint.

This is a case of very great interest. Look at this boy's knee. You see that it is inflamed, swollen; and that the leg is flexed upon the thigh. He has evidently suffered much pain, is peevish, and generally is in a condition of extreme irritation. What is the matter with this boy? Let me tell you his history. He is now 17 years of age, and has suffered from trouble in his knee ever since

he was 5 years old. He says that he then hurt his knee, in some way or other; that it inflamed, and afterward "broke." You can see for yourselves a cicatrix, evidently caused by the bursting of an abscess on the upper and outer portion of the joint. At that time he recovered with a somewhat stiffened joint, the power of extreme extension being interfered with. He managed, however, to hobble through his childhood on a crutch. As a boy, he could play with other boys, but always with his crutch. When old enough to earn his own living, he was apprenticed as a cobbler. Eighteen months ago he laid aside his crutch, and used only this hook-headed stick to walk with.

Some five weeks since, without any assignable cause, his knee commenced to pain him. This pain increased from day to day, and became aggravated at night to so great a degree as to keep him awake. In fact he could not sleep, he says, until dawn. During this time the leg became more and more flexed on the thigh, until it assumed its present position. On examination of the joint, I now find the patella soldered to the inferior extremity of the femur, and the heads of the tibia and fibula are so carried back as to render voluntary motion impossible.

With the increase of pain has come increase of flexion. They go together. No man ever saw a joint extended while inflamed; as Mr. Hilton, in his published lectures upon "Rest and Pain," has pointed out, there is a law of nervous distribution, which explains this association. The law is this: that the same nerves which supply the interior of a joint supply the muscles moving that joint, and also the skin covering both. Mark the result: Inflammation in the interior of the joint sends its impression up to the nervous centres; as a consequence the motor nerves distributed to the muscles, and the sensitive cutaneous nerves bring back both sensory and motor impulses. We have, therefore, peripheral cutaneous pains, and excessive muscular contraction. But the combined strength of the flexor muscles of a joint is above that of the extensors, the wrist joint possibly excepted—hence flexion of the joint takes place. The index and little fingers have special extensors, consequently in inflammation of the joints of these parts the flexion is as great as elsewhere.

This point has been in a flexed condition so long that false anchylosis has resulted. False, or extra-articular anchylosis, let me remark in passing, is where the articular surfaces retain, at least for a time, their normal characters, but their functions are impaired or suspended by the diseased condition of the surrounding parts. Muscular contraction, vicious cicatrices, osseous deposits, paralysis of the articular muscles, and, as in this case, the presence of plastic deposits, may all induce such a result.

True or intra-articular anchylosis may be produced by whatever has a tendency to excite inflammation in the synovial membrane of the joints, with deposits of plastic matter upon its free surface. It may arise from all kinds of external injury by presence of inter-articular bodies, luxations, fractures, gout, syphilis, rheumatism and scrofula.

You should exercise great care during and especially after operations upon joints. I have known the undertaker to follow the doctor, only twenty-four hours intervening after the division of tendons and the breaking up of an anchylosis.

I shall have a good deal to say to you hereafter concerning the inflammation of great joints; and as I shall refer again to this case, and let you see it from time to time, I beg that you will now fix its permanent features in your minds, viz: pain on the inner side of the knee, flexion increasing pari passu with the pain, contraction of the ham string muscles and of the fascia, the anchylosis of the patella, and the tendency to fibrous and perhaps to osseous deposits around the joint.

[The patient was now put under the influence of ether, and then turned prone. While an assistant steadied the limb by placing the palm of one hand upon the patella, and the other put the leg upon the stretch by firmly grasping the ankle with the other hand, Dr. BRINTON divided subcutaneously the tendon of the biceps muscle, taking care to avoid the peroneal nerve, which runs along its outer border. Some of the dense subcutaneous fascia was also divided subcutaneously. Steady and firm extension now brought the limb to the requisite degree of straightness. The leg was bandaged to a straight splint. The advice of Sir Henry Thompson relating to the after treatment of stricture was remembered, and four grains quinine combined with one quarter of a grain of morphia were directed to be given internally in order to avoid shock.—R. M. T.]

BELLEVUE HOSPITAL, N. Y.

December 9th, 1870.

DISEASES OF WOMEN.

Clinic of Prof. T. G. THOMAS.

Prof. THOMAS reported on the case of suspected pregnancy at last week's clinic.

Her urine was obtained last Monday, and after standing until to-day (Friday), no sign of kyestine could be detected.

Dr. VERMILYE, one of the gentlemen connected with the clinic, had examined into her social surroundings, and found that she was as had been represented, married and respectable.

Dr. Thomas confessed that circumstances did not seem to support his diagnosis. The patient will be reported on again in two weeks.

Scybalous Tumor Near the Promontory of the Sacrum.

Mrs. H., æt. 33; youngest child, nine years old. Patient complains of pain in the back, left side, and

abdomen, together with tympanites. Physical examination reveals a tumor on the upper portion of the sacrum. This is extremely painful on making pressure, but the finger can be imbedded in it without difficulty, and when this is done, small portions may be broken off. When the finger is introduced through the rectum the tumor cannot be reached.

Dr. THOMAS said that he considered this to be simply an accumulation of fæces, but by next week the patient would have her bowels freely opened so that a more definite diagnosis might be arrived at.

Prolapse of Uterus.

Mrs. B., æt. 36; married; six children; delivered of her last child in July. Her first birth was a transverse presentation. The second had prolapse of the funis with still-birth. The third was a footling. The fourth was natural. The fifth was footling. The sixth was also a footling. For nine years has had falling of the womb. A physical examination shows the womb to be three and a half inches outside of the body, and on the sound being passed the intra-uterine measurement is four inches. The perinæum has been and is now lacerated. On compressing the lips of the os the organ is easily reduced. Dr. THOMAS advised, and will perform on next Friday, Prof. I. E. TAYLOR'S operation of amputation of the cervix.

Ascites.

Mrs. T., æt. 26; youngest child four years old. One year ago last October patient ceased menstruating. Shortly after this the abdomen began to swell at the lower portion, and extended up equally on both sides. At the present time it is so extensive as to give rise to much dyspnœa and prostration. Percussion of the abdomen gives a flat note everywhere, except posteriorly and to the left.

Dr. Thomas said that he had so recently entered into the differential diagnosis of abdominal tumors, that in the present case he would only mention *ascites ovarian dropsy* to *hydatids of the uterus.* In *hydatids* the fluctuation would not be so distinct, nor would, in all probability, the enlargement of the abdomen be so great.

Another diagnostic point is, that an enlarged uterus, from whatever cause, is circumscribed and not diffused over the whole of the lower part of the abdomen, as in the present instance.

Dr. T. said that last week he saw a case of this kind in the practice of a medical gentleman of this city. The uterus was very much enlarged, with the patient vomiting incessantly. A diagnosis of hydatids was arrived at, and it was decided to empty the uterus. A sponge tent was first introduced, whilst at the same time a couple of gallons of warm water was used as a douche to the os. One of Barnes' dilators was applied, but no pain followed. However, the cervix was then sufficiently patulous to introduce the hand and empty out its hydatid contents. During the operation hemorrhage came on, and some days after the patient died.

Were the case before us ovarian, there would be a history of its beginning. On one side ovarian tumors also are not cystic, as a rule and there is seldom the prostration after a year's growth that we have in the present instance.

In ascites we usually find that at the upper part of the abdomen there is tympanitic resonance, but in some cases the intestines appear to be pushed back, and we get, as in the present instance, resonance posteriorly.

Dr. T. advised that the patient be tapped, then from the character of the fluid and from the resulting state of the abdomen there will no longer be any doubt as to the diagnosis. From the prostration it was deemed best to defer the operation till the patient went home. The case will be reported on at next clinic.

MEDICAL SOCIETIES.

CINCINNATI ACADEMY OF MEDICINE.

November 7, 1870.

Report from the section on Pathology. Dr. MCKENZIE, Chairman.

[REPORTED BY J. W. HADLOCK, M. D.]

Inflammation.

In the whole field of medical literature, probably no subject has occupied so much space as that of inflammation, and upon no other subject has there been expended such searching investigation. This is not at all surprising, when one considers the important part which the inflammatory process plays in pathology. There are but few diseases which run their course unaccompanied, at one period or another, by inflammation. Notwithstanding the amount of labor devoted to its elucidation by the most powerful minds, its especial nature is still an unsolved problem, and quite possibly may ever remain so.

Previous to the time of Harvey, all knowledge in regard to it was necessarily very vague, and confined to the most palpable phenomena, heat, redness, swelling and pain. Since then theory after theory has been advanced, variously based on the action of nerves, vessels or tissues. Fifteen years ago the exudation theory was very generally accepted, and the cause of exudation was explained in different ways by different pathologists.

ROKITANSKY accounted for it by the enlargement and distension of the vessels and consequent thinning of the vessel walls.

HENLE, and after him HUGHES BENNETT, considered it due to increased attraction of the tissues for the plasma. The latter expresses it by saying

that the attractive power of the molecules of the tissues is increased, while the selective power is diminished, so that an increased amount of material is separated from the blood; but though large in quantity, it is not suitable in quality for the proper nutrition of the part. The exudation was regarded as a blastema, in which appeared nuclei cells and fibres. These either developed into new tissues or degenerated into pus cells, granular debris, etc., depending upon the character of the inflammation, vigor of the individual, or some other cause often inscrutable.

In 1858 VIRCHOW delivered his lectures on cellular pathology. He placed the cell, with regard to pathology, in the same position as SCHWANN had previously placed it with regard to physiology. He maintained that it was the essential agent in all morbid processes, and enunciated the doctrine "*omnis cellulæ cellula.*" Of course, this theory being accepted, that of exudation and blastema must be abandoned in reference to inflammation and other diseased actions. He stated that what was formerly regarded as exudation, was simply new tissue resulting from proliferation of cells and generally of connective tissue cells. He considered as made up of connective tissue in which special organs, as nerve cells, muscular fibres, etc., were embedded, so that there was abundant material throughout the body for the formation of the so-called inflammatory exudations. His theory in regard to inflammation was that it depended on a formative irritation of the cells eventuating in their abundant proliferation. That exudation or the presence of blood vessels, was not essential, was proved by the experiments of REDFEN and GOODSIR on cartilage, in which as a result of irritation the cartilage cells multiply abundantly, although cartilage is wanting in blood vessels.

In favorable cases this new material may develop into new connective tissue; but when the multiplication of cells has been very rapid and the other circumstances in the case are unfavorable, pus cells are produced. These pus cells, according to Virchow's views, may arise from two separate sources. 1. From the epithelial structures, in which case the deep layers of cells are the active agents. 2. From the connective tissue. In this latter variety multitudes of small round cells are produced by the proliferation of connective tissue corpuscles, by endosmosis growth and fissure, so that but little intercellular material remains; this subsequently undergoes the process of liquefaction, being first converted into mucous tissue, and finally into albuminous fluid. In this way the cells are set free, and become pus cells, while albuminous fluid becomes the liquor puris.

This very plausible and very fascinating theory, placing, as it does, all pathological processes under the control of cell action, and thus reconciling them with physiological processes, was very generally accepted by the medical world.

About three years ago COHNHEIM, a former pupil and assistent of Virchow, published in Virchow's Archives an article containing some original views in regard to the formation of pus quite subversive of Virchow's theory. He was led to these by some observations which he had made when examining the opacity produced in the cornea of a frog by an irritant. It had been previously stated that the opacity resulted from the presence of pus-corpuscles, generated by proliferation of the connective tissue corpuscles. He, however, found that the corneal cells remained quite unchanged, being obscured by the presence of the pus cells. Upon injecting aniline into the blood-vessels, and afterward irritating the cornea, he found that the pus cells were all colored blue, as were also the white colored blood corpuscles in the vessels, whereas the connective tissue cells remained unaffected, thereby almost positively proving that the pus cells in the corneal tissue had been previously in the blood vessels. He then, under the microscope, examined the mesentery of a frog, poisoned with woorara, in order that it might remain quiet. The exposure of the membrane to the atmosphere was sufficiently irritating to cause inflammation, and the following phenomena were observed: Soon after exposure the arteries began to expand and become tortuous. Subsequently the veins also dilated and the blood stream was much retarded. The white blood cells accumulated in the marginal plasmatic layer of the veins, and finally became stationary. Small projections were soon observed in the external surface of the veins. These increased in size and finally detached themselves from the vessel's wall and floated away, being possessed of amœboid movements, that is, the the power of projecting portions of their substance in the form of processes and retracting them.

The migration of the white blood cells from the vessels is thus explained by Cohnheim: When these bodies come to rest in the plasmatic layer of the veins, they immediately exhibit amœboid movements; some of the processes insinuate themselves into the minute stomata, which have been shown to exist in the epithelial lining of the vessels; having penetrated through the epithelial coat, their progress afterward is more rapid, because of much connective tissue, through which their passage is quite easy. The whole process occupies from one to two hours, and takes place as well in the capillaries as in the veins. Besides the white cells, red blood corpuscles also escape, but in comparatively few numbers. Fibrinous exudations are to be regarded as transuded fibrin mingled with these cells. These phenomena were also observed in the mesentery of cats and rabits. According to the migration theory of Cohn-

heim, therefore, pus cells are to be considered as white blood corpuscles, which have made their escape through the vessel wall in the manner already described. The dilatation of the vessels he ascribes to a paralysis of the vaso motor nerves, and the showing of the blood cannot be supposed to be secondary to the enlargment of the vessels and dependent upon it.

The theory is by no means original with Cohnheim. The phenomena of the migration of the white blood-cells were first demonstrated by WALLER, and described by him in 1846. He drew out the tongue of the frog and secured it under the object glass of the microscope; he then applied some irritant, and soon observed projections on the external surface of the vessels, which gradually enlarged and finally floated away as free globules, to be succeeded by others. As Stricker remarks in his late Monograph on Inflammation, these observations of Waller anticipated Cohnheim in almost every particular, but they excited very little attention at the time amongst medical men.

In 1849, Dr. WILLIAM ADDISON, and in 1852 ZIMMERMANN, expressed their belief that pus-cells were but extravasated white blood-cells.

Dr. Addison gives expression to his views as follows: "At first—in the first stage—these elements (the colorless elements of the blood) adhere but slightly along the inner margin or boundary of the sentient vessels, and are, therefore, still within the influence of the circulating current; belonging, as it were, at this period, as much, or rather to the blood than to the fixed solid. Secondly—in the second stage—they are more firmly fixed in the walls of the vessels, and therefore now without the influence of the circulating current. Thirdly—in the third stage—new elements appear at the outer borders of the vessels, where they add to the texture from a new product, or are liberated as an excretion. In the sequence of the phenomena, the second does not prevent or stop the first, nor does the third prevent the other two." However, these views, like those previously advanced by Waller, remained comparatively neglected, and it was left for Cohnheim to create among pathologists that interest in the subject so necessary for its thorough investigation.

Since the publication of his article, several experimentalists have repeated his experiments, but without uniform results. KREMIANSKY, of Vienna, and KOSTER, have confirmed them. VULPIAN, in a paper, read before the Academy of Medicine of Paris, gave the result of experiments performed by himself and HAYNEAU. I have not been able to obtain the paper, but from a notice of it in the *London Lancet* (American reprint), it appears that the conclusions are, that the theory of Cohnheim is well worthy of attention.

CONIEL and PRANOIER, in an excellent little manual upon pathological histology, published in Paris in 1869, discuss the subject of inflammation. They adopt the views or Virchow, but in a somewhat modified form. They maintain that the active phenomena are not confined to the connective tissue corpuscles, but may be exhibited by all forms of cells. On this they follow the opinions of BEALL, who, for several years held the doctrine that inflammation affects all germinal matter, and produces in it active changes.

With reference to the Cohnheim theory, they state that after imitating in every particular his mode of procedure, they have been unable to satisfy themselves of the migration of leucocytes through the vascular walls. They sum up their conclusions in the following way:

"Pathogical anatomy in the human being accords perfectly with what we have learned from the experimental study of inflammation. The processes occur in the following order: Hypertrophy of the nucleus; increase, and afterward, division of the photoplasma; destruction of the secondary membranes of the cell; destruction of the fundamental (intercellular) substance; establishment of embryonic tissue, (such as is found in the embryo before the formation of the blastodermic membranes); formation of new vessels." After the formation of the embryonic tissue the new growth may develop into connective tissue, or degenerate, if the supply of nourishment be obstructed, into pus-cells. These result from the impairment of nutrition of the embryonic cells. The nuculei divide, but owing to deficient vitality the protoplasma remains unchanged, so that a cell is produced with a nucleus. Quite lately a treatise on inflammation has appeared from the pen of STRICKER, a distinguished experimentalist of Vienna.

Upon irritating the cornea and tongue of the frog, and examining them under the microrcope he was enabled to demonstrate that the cells of the connective tissue underwent proliferation. He also examined under the microscope the tail of the tad-pole, which had been previously subjected to the influence of woorara. Upon irritating the tissue he observed that there was accumulation of colorless blood cells at the seat of irritation, and soon many of them passed through the cell wall. He therefore admits that pus corpuscles may proceed from the blood vessels, but also maintains that they may proceed from other sources; and he draws the conclusion from his experiments and observations that the differences noticed in the characters of pus corpuscles in all probability depends upon this difference of origin. He states that as the result of inflammation, not only connective tissue cells multiply, but muscle cells, nerve cells, epithelial cells, both integumentary and glanular.

In regard to the formation of new tissue as the result of inflammation, he seems to lean decidedly toward the cellular views of Virchow.

Quite recently several lectures upon the subject of analytical pathology, delivered by Dr. MOXON, at Guy's Hospital, have been published in the *Medical Times and Gazette*. In these lectures the lecturer seems to adopt, mainly, the views of Virchow, that inflammation consists of a formative irritation in the cell elements, and that the phenomena of heat, pain, redness and swelling are consequential and dependent upon it. He divides the tissues into three classes: cellular, intercellular and tubular, the first consisting of epithelial and glandular structures; the second of the connective tissues; the third of vessels, nerves and muscles.

As a result of irritants applied to the first we have abundant proliferation of the cells. If this occur on surfaces, the condition known as catarrh results, but if in glandular organs, enlargement of these organs. This enlargement soon subsides if the cellular element is alone affected. But if the irritant is more severe or its application more prolonged, the intercellular tissue becomes affected and much more serious consequences follow, provided the irritation produced be not very intense hyperplasia results, which, by its pressure and subsequent contraction, may interfere very materially with the proper nutrition of the organ. If the irritants be severe and the irritation following more intense, we will have produced not an increased amount of normal tissue, but a heterologous formation known as pus. These pus cells, he thinks, are never the result of irritation affecting simply the cellular element, but are only produced when the irritant has been sufficiently active to influence the inter-cellular tissue. His views as to inflammation of the tubular structure have not yet been published.

It hence follows that pathologists are by no means agreed as to the essential nature of inflammation. The medical world are for the most part divided between the theories of Virchow and Cohnheim, and so long as such differences exist between celebrated authorities, the subject must be considered sub judice and dependent for its solution upon the future researches of scientific men.

NEW YORK PATHOLOGICAL SOCIETY.

Wednesday, November 23, 1870.

Liver Cirrhosis.

Dr. FINNEL presented a specimen about half the size of an ordinary liver, and completely cirrhosed. The patient was a black woman, æt. 50; an inveterate drunkard, being known to drink a quart of gin in an evening.

Uterus and Ovaries.

Dr. Finnel also showed the uterus and ovaries matted together by bands of false membrane. The ovaries were carried entirely behind the uterus and close to the rectum. A section of the uterine wall disclosed numerous instertitial fibroids.

Uterine Tumor, Submucous.

Dr. LITTLE read the following history and presented a uterus about 8 inches in diameter, containing in its interior a semi-gelatinous mass. The patient was æt. 23, and married. Three years ago he took cold with cramps in the abdomen and suppression of the menses, but from this she recovered. Shortly it became evident that a tumor was forming, and the diagnosis was made that it was ovarian. However, the swelling did not give rise to any inconvenience from its size. Metrorrhagia was of frequent occurrence and very copious.

On October 26th, patient entered St. Luke's hospital, and four days after bleeding again came on, accompanied with symptoms of peritonitis. From this the patient sank and died. Three days before her death she began to pass a substance from the vagina similar to what is in the uterus, and it is estimated that as a result of this the uterus became one-third less.

Dr. FINNEL was of the opinion that the contents of the uterus resembled the hydatid degeneration of the placenta.

Gangrene from Embolus.

DR. LOOMIS presented a specimen of coagulum, taken from the iliac artery of a patient who died with gangrene of left foot.

Patient was a German woman, æt. 31. She had had three attacks of rheumatism, the last one coming on in May.

During August, she was delivered of a child at full term.

On entering hospital, suffered from dyspnœa and great emaciation, with pain over the heart, cough and sputa resembling that of pneumonia. This examination shows dullness on each side; more marked on the left; no rales. The apex beat was found to the left of the nipple, but diffused over the præcordia, and accompanied with a thrill.

Behind the sternum there was a distinct pulsation. In all there were three murmurs—two at the base and one at the apex.

At first an aneurism was suspected by some gentlemen, but by studying the case was soon laid aside.

On the 15th of November, five days after entering Bellevue Hospital, a loss of pulsation was noticed in the radial and femoral arteries on the left side, accompanied with hemiplegia.

November 18—Dyspnœa increasing; growing very weak and delirious.

November 20—Non-delirious; no pulsation in

the upper extremity till you reached the axilla; temp., 101 on the right and 97 on the left side. This variation of temperature kept up to the evening, when she died. Some days before death the toes began to grow gangrenous, and at death this had passed as far up as the tarsus.

Post-mortem.—Middle meningeal artery plugged; no softening; pericardum attached by its two sides. The valves of the heart were thickened and on them were vegetations.

The axillary artery was plugged up completely, as also was the abdominal aorta, and on withdrawing the coagulum from the latter vessel it was found to extend down into the femoral.

Thoracic Aneurism.

Dr. BRICKMAN presented a ruptured aneurism. The patient had been a druggist and kept notes of his own case with the effect of therapeutical measures. The doctor had given him more than 150 injections of ergotin in 2 gr. doses. The only result noticed was the relief of pain during the earlier portion of the disease, but later this drug lost its efficacy.

Gangrene of Leg—Amputation.

Dr. SAYRE showed a portion of an occluded vessel from a patient whose leg he amputated in Charity Hospital. The case was an old negro born in Connecticut when the slave laws were in vogue there. The stump was dry on operating, but shortly after it began to bleed. Dr. Sayre promised to report at next meeting how the case progressed.

EDITORIAL DEPARTMENT.

PERISCOPE.

Propagation of Disease by Milk.

Prof. JOHN GAMGEE writes to the *British Medical Journal* a plan of disinfecting milk and dairy utensils with the view of preventing the propagation of disease.

The demonstrations by Dr. MICHAEL TAYLOR, of Penrith, Prof. BELL, of St. Andrews, and Dr. BALLARD, of Islington, that the scarlet and typhoid evers are susceptible of transmission in milk, render it of the first importance that a complete purification of milk-pails, milk cans, etc., should be at all times adopted. Milk venders, moreover, have found to their cost, and even ruin, that at times the milk of healthy animals—of cows to which every attention is paid with a view to the production of good milk—is apt to become fetid, putrid, and to separate on boiling. It is one of the oldest injunctions in the management of dairies, that scrupulous cleanliness is essential. But, from Dr. Ballard's exhaustive inquiry into the possible means of contamination, it would appear that the ordinary precautions of scalding and rinsing cans are not sufficient without the precaution of providing at all times against the admixture of contagious matter with the water used in any and every washing or purifying process. Contagious germs resist an undetermined amount of heat. The hot water of the laundry has not prevented the propagation of scarlet fever poison from infected clothes to those from healthy sources; these, on being returned to their owners, have propagated the malady. It is, therefore, essential to study the means which must at all times prove sufficient for the effectual disinfection of milk utensils, and, under certain limitations, of the milk itself It is by no means difficult to extend to the dairy Mr. Read's process, which has found favor with beer-bottlers, and which consists in injecting into a bottle, just before it is filled with beer, a disinfectant spray. By means of this spray the entire internal surface of the bottle is instantly disinfected and the air is purified. Beer thus bottled retains its brightness if the proper amount of disinfection have been applied; and by this means every germ of disease or decay, every possible ferment in the water used for washing purposes, can be rendered harmless. I should, therefore, propose that dairy utensils should be washed or purified with weak solutions of chlor-alum. A combination of chlor-alum and sulphurous acids might be more advantageously employed with large cans, so that the latter gas would have a tendency to displace and purify the atmospheric air in the cans. A very small amount of chlor-alum added to the milk imparts to it no flavor or hurtful property, and would effectually destroy ferments and germs of disease. The steps, then, to follow are: 1. To wash and scald all dairy utensils as usual; 2. To use an antiseptic, such as chlor-alum, instead of washing soda, in the water used to wash the said utensils; 3. The milk-pail into which the milk is poured as fast as it comes from the cow should be disinfected, by a spray through a funnel-aperture at the top, by inverting the can over the spray-producer; it is then turned on its bottom and filled with milk, which on rising in the can, would absorb and partly displace the antiseptic gas evolved; 4 Cooling the milk promptly; the reduction of tem-

perature should be as low as the coldest spring-water to be had; but I believe in time artificial refrigeration to a temperature of about 40 deg. will be found easy and profitable; 5. A definite and ascertained quantity of a harmless disinfectant can, with the greatest advantage and certainty of good results, be added to the milk.

Curious Malformation of the Fingers.

Dr. VON MOSENGEIL, of Bonn, describes and figures in the last number of Langenbeck's *Archiv* an unusual malformation existing in the left hand of a man who came into hospital on account of a dorsal subluxation of the trapezium. There were five fingers on the hand, but no thumb; in the place of the latter was a finger having a metacarpal bone and three phalanges. There was no trace of the ball of the thumb; and the supernumerary finger, which resembled the little finger, was not capable of being brought into opposition to the others. For prehensile purposes, the man had acquired the habit of bringing the fore-finger and the additional finger into opposition with the others; hence there was a greater width between the index and middle fingers than between the others; these two were curved one towards the other, and their basal phalanges were very strong. The thumb on the right hand was normally formed; the thenar eminence, however, was small.

——The Prussian iron cross, with a white ribbon, which is bestowed upon non-combatants who have done great service on the field of battle, was sent to the chief surgeon of the Saxon Army Corps, and rejected by him, with the remark that in consideration of the perilous nature of the services he felt himself as much entitled to the iron cross with the black and white ribbon as any soldier of them all.

Reviews and Book Notices.

BOOK NOTICES.

First Medical and Surgical Report of the Boston City Hospital. Edited by J. NELSON BORLAND, Physician, and DAVID W. CHEEVER, Surgeon. Boston. Little, Brown & Co. 1870. 1 vol. 8vo. Cloth. Pp. 688.

This is a truly magnificent volume, printed in the highest style of art on heavy toned paper, and embellished with numerous lithographic plates, plain and colored. The contents of the volume correspond to the manner in which they are presented to the public. They consist in a series of monographs, thirteen in number, embracing the results of the medical and surgical experience in the Boston City Hospital during the first five years of its establishment. Five of these articles are by Dr. David W. Cheever, the surgical editor, upon excision of joints, displacement of the upper jaw, reproduction of the tibia, tumor of the tonsil and occlusion of the vagina, and a surgical abstract. They are a most valuable group of papers. Dr. HOWARD F. DAMON has an article on the treatment of skin diseases, which contains many useful observations, but singularly enough, says nothing about treatment. Dr. JOHN G. BLAKE discusses the management of rheumatism, with the result that any known treatment is far from satisfactory. Pneumonia is reported upon by the medical editor. The treatment was a modified form of Bennett's, but the results not so favorable. Typhoid fever is commented upon by Dr. J. B. UPHAM. Its treatment was mainly expectant, though in special cases oil of turpentine was found to exert obviously beneficial effects. The ophthalmic report is by Dr. HENRY W. WILLIAMS, the aural report by Dr. J. ORNE GREEN. A number of cases of peri-uterine inflammation are detailed in a succinct and instructive manner by Dr. ALEXANDER D. SINCLAIR. Some remarkable cases of peri-nephritic abscesses are related by Dr. HENRY I. BOWDITCH. The volume commences with a brief history and description of the hospital, and closes with general medical and surgical tables. The whole is a most creditable production, and one that is an honor not only to the liberality of the trustees of the hospital, and the skill of its medical corps, but to our whole country and the profession.

The Physics and Physiology of Spiritualism. By WILLIAM A. HAMMOND, M. D., etc. New York. D. Appleton & Co. 1871. 1 vol. 12 mo.; cloth; pp. 86.

This is an admirable little treatise, one which we hope will be read largely by many who are not physicians, as it is they who more especially need the instruction it contains. We recommend our readers to put a copy of it in the hands of any intelligent person who is tainted with a half, or a whole belief, in the nonsense which goes under the name of spiritualism.

Dr. Hammond explains the manifestations as a combination of folly, disease, and knavery, and adduces convincing proof of this view. Probably the attention which this delusion will receive in the future is much less than it has obtained in the past, and such a work as this will largely contribute to this desirable result.

It is written in an easy, popular style, and is suited for all classes of intelligent readers, professional or non-professional.

MEDICAL AND SURGICAL REPORTER.

PHILADELPHIA, JANUARY 7, 1871.

S. W. BUTLER, M. D., D. G. BRINTON, M. D., Editors.

☞ Medical Society and Clinical Reports, Notes and Observations, Foreign and Domestic Correspondence, News, etc., etc., of general medical interest, are respectfully solicited.

Articles of special importance, such especially as require original experimental research, analysis, or observation, will be liberally paid for.

☞ To insure publication, articles must be *practical, brief* as possible to do justice to the subject, and *carefully prepared*, so as to require little revision.

We particularly value the practical experience of country practitioners, many of whom possess a fund of information that rightfully belongs to the profession.

The Proprietor and Editors disclaim all responsibility for statements made over the names of correspondents.

TO OLD SUBSCRIBERS

Who forward their subscription to Jan. 1st, 1872, *strictly in advance*, we will send one number of the HALF-YEARLY COMPENDIUM OF MEDICAL SCIENCE, or a full-length steel engraved portrait of Professor S. D. GROSS (in 4to. for framing).

Those who have already paid for 1871 *will please notify us of their wishes.* (In connection with this offer notice **No. 2**, on the second page of cover.)

GREETING!

The subscriptions of a large proportion of our subscribers are due from the first of January next. If they are all *promptly paid* it will be *greatly* to the advantage of all interested in sustaining a good medical journal, as it will give us the means for continued improvement.

See the notice to subscribers on second page of cover.

TWENTY-FOURTH VOLUME.

With this number of THE MEDICAL AND SURGICAL REPORTER, we begin the twenty-fourth volume of the work in its weekly form, and are well into our twenty-first year of medical journalism. Perhaps it is innate perversity of disposition ("pure cussedness," as Artemus Ward hath it) that has impelled us to such a prolonged connection with the medical periodical press, but we are bound to hold the profession in a degree, at least, responsible for encouraging us as they have done, and as they are doing, increasingly to persist in such a course. The past year has been one of great encouragement to us, in spite of the almost universal depression in business. The influence of THE REPORTER is growing every day. The march of civilization to the westward brings demands for it from almost every city and town that springs up in our new States and Territories, and it is constantly going into new regions in all of the older States. During the past year hundreds of physicians from almost every State and Territory of the Union have made it the vehicle of their communications to the medical public; and we are now at great expense publishing a vast amount of very valuable material from the various centres of instruction, in different sections of the country.

The responsibility of conducting such an enterprise we feel to be great, and it involves a heavy outlay of money, which we depend for entirely on the support and coöperation of those who appreciate our labors.

Our readers are witnesses to the fact that, as our means increase, the value of THE REPORTER is enhanced. It will continue to be so. We ask for the continued coöperation of all our friends, and hope they will all not only be PROMPT in the discharge of their individual obligations to us, but if they can conscientiously do so, recommend THE REPORTER to their neighbors, and thus serve them, and through us serve the cause of medical progress.

THE REALM OF THE QUACK.

Never anywhere in the field of human studies can we find more striking illustrations of the dangers and the evils of ignorance than in the history of that science whose votaries we are. Nothing so touches the human heart, nothing so puts to its utmost strain each faculty of our being, as the love of life, the fear of death, the dread of pain. These are the all-powerful and universal motives to which in every age the true and the false physician appeal.

The true physician seeks to allay unnecessary and unphilosophical terror, to soothe with utmost promptness the suffering he witnesses, to instil a calm resignation to the universal law of death, to defer that inevitable close of the career by wise and temperate precautions, and to defend the public from the approach of pain. To accomplish this, the master minds of all ages are agreed that the most effective means is the *diffusion of sound knowledge*. Socrates was not the first to proclaim that the source of physical and moral

evil is *ignorance.* And what he advanced and proved with such inexhaustible subtlety of logic and profuseness of illustration, has become the watch-word of civilization and the hope of the race.

The battle we have to fight is against the powers of intellectual darkness; and the history of each day adds another to the long register of facts that proves that in our science, as in all others, those who *know the most* are the leaders and the true benefactors of their race.

A strong illustration of this axiom is found in the history of charlatanism. Within the last score of years we have seen it dispossessed of one after another of its strongholds by the careful study of them by able and conscientious observers. Hysterical phenomena, long the peculiar province of miracle vendors, are now too well known to allow them any further chance for their bold assumptions. The diseases of women, which twenty years ago was in its twilight period, is now a branch of medical science abounding in distinguished masters, and its most important facts, those which it is well for all to know, have been laid before the public in popular works of the highest order of merit, and which will prevent thousands from unwittingly violating the laws of their organization.

There is still one department which remains far too largely in the hands of those who delight to play upon human suffering, and to foster it for their mercenary ends. Secret diseases have largely passed out of their hands, but they still thrive upon certain complaints which a native shame disinclines the patient to reveal to his family physician.

The same is also true in England. In a recent number of one of the leading medical weeklies there, after remarking that "quacks only thrive in that part of medicine which is neglected by the faculty," it adds, "hence, since there have been such able writers on syphilis in this country, that field has been abandoned by these dangerous charlatans. The only field left now for the quacks is that of spermatorrhœa and the functional diseases of males. The Obstretrical Society has attacked the diseases of our sisters in such a positive spirit, that the outsider has no chance in that department. That there are plenty of diseases of the male reproductive organs besides gonorrhœa and syphilis well educated medical men know, but there is a wonderful disinclination to taking up this question. We have a few honorable exceptions in the names of Curling, Erichsen, and more recently Waring, Curran and Teevan, but the exception proves the rule that the subject is still in the twilight epoch, and hence fit to be seized on by charlatans. Let us hope that our best young men may soon clear away the silly mysteries about this branch."

We echo that hope for this side of the Atlantic, and extend to it the wish that some skilled writer would dispel a little of the dense popular ignorance around these subjects, an ignorance which, shared as it by parents, teachers and professors, prevents them from giving instructions to their sons and pupils, by which the latter could be saved from incalculable pain, mental agony, and vice. Every physician and most teachers must have witnessed repeated examples of the need of just such information.

Notes and Comments.

New York Items.

Dr. Richard S. Dewey, a recent graduate of Michigan University, is said to be the "American Surgeon in the Prussian service" that has been writing letters to the *Nation.*

The new Lunatic Asylum on Ward's Island, which has been in process of erection during the past two years, will be completed and opened about the first of March, 1871. It will accommodate 2,000 patients. Thus far $350,000 have been expended upon it.

The Infant's Hospital on Ward's Island contains one hundred and sixty-three foundlings, under the care of experienced matrons.

A Valuable Journal for Sale.

The Charleston *Medical Journal* was, up to 1860, one of the most valuable journals published in the country. It is now quite rare. A complete set of the work bound in half calf has been left at our office for sale.

A set also, nearly complete, of the New Jersey *Medical Reporter* (1848 to 1858, inclusive), bound in half calf, has been deposited with us for sale.

The Pocket Record.

There has been a largely increased demand for the *Pocket Record,* exhausting two large editions. In a few days, however, we shall again be able to supply all calls for the work which, as it is *good from the day of purchase,* can be used from any date. The heavy orders now being received will all be filled soon.

Correspondence.

DOMESTIC.

"A Legion of Leeches."

EDS. MED. AND SURG. REPORTER:

Seventy-four thousand doctors would make a large army truly. Forty millions of people require a large army of doctors, but they should be doctors in the true sense of the term, rather than pill vendors. The above figures show about one doctor to every five hundred and forty inhabitants of the states and territories.

There is another feature far more alarming than the immensity of the number of the people's health guardians, and that is the great number of doctors who *can not translate* the document by virtue of which they have the authority to physic and *bleed* the public; this is what should excite alarm, for the number is alarmingly great. If the census man had inquired into this matter, and carefully recorded his observations, we fear the result would not be very complimentary to the average erudition of the medical fraternity.

Notwithstanding the great mortality, from exposure, disease and over-work of the doctors during our late war and since its close, their decimated ranks have been filled up with an excess of nineteen thousand doctors over the census of 1860. True, the number is very great, but their combined influence for good or for evil is much greater.

Seventy-four thousand true physicians, of rare accomplishments and high scientific attainments, such as every doctor should be, were a possession that any nation might justly be proud of.

The public is a severe but just critic, and unrelenting as the Mosaic Law. No profession has so many jeers and gibes daily hurled at it, as the medical profession, and perhaps no one has more richly deserved them.

What should we think of the "regular" who avers that he has cured numerous cases of prostitis in females? Such an one can be found enjoying a lucrative practice. A counterfeit bill has for a time answered the purposes of commerce as well as a good one; but when the detective wrote Ichabod on it, it lost its pretended value with all true citizens for ever.

Aside from money-getting and fashionable dress, no article of our popular creed is more potently believed in than that we are the best and most universally educated people in the world. Tables prepared by the Educational Bureau for August, 1870, show conclusively that we are just no such thing. The same authority shows that the number of literate adults in this country is close upon six illions. If to this number we add three millions for illiterate youth between ten and twenty years of age, and one and a half million for those under ten who have no prospect of education, we swell the huge total to upward of ten millions, or one in four. This looks rather hard on paper, but the authority above quoted is responsible for the statement. The census of 1860 shows that five of the older States east of the Mississippi river had over fifty per cent. of an illiterate population; two of them, South Carolina and Mississippi, had sixty-one per cent. Of adults, Indiana had ten per cent.; Maine, three.

We hope for a better showing in the census of 1870. If knowledge is power, the volumes of that article that the American people don't possess may yet be brought to bear upon them with untold efficacy. In 1862 some wag proposed to settle our difficulty by having both armies march up to a huge ledger or autograph book, wherein every soldier that could write should write his own name, both parties agreeing to bury the hatchet in favor of the majority of names written. After a four years' struggle exactly this idea was practically carried out. At Sadowa and Sedan the scale of battle turned in favor of intelligence, and was overwhelming in Abyssinia against King Theodore and his illiterate host. Of a thousand French recruits three hundred are unable to read; of an equal number of Germans less than thirty are illiterate. Did the facts in the case warrant our turning the figures the other way, we venture to say that Berlin would be under siege by the French to-day instead of Paris by the Prussians.

Knowledge is power indeed, but with our characteristic facility for converting the useful into the agreeable, we have adopted the following rendering of the text: *Money is power and the love of knowledge the root of evil.*

On the week previous to the convening of the American Medical Association at Cincinnati, in May, 1866, a body of medical teachers met in council, and after due deliberation passed a series of most salutary resolutions, and most earnestly implored the various medical colleges to so change their curriculum as to require of every student a better knowlege of the primary branches of literature as well as attendance upon three full terms of medical lectures before he could come up for graduation. This is too great and useful a reform to be accomplished in a short time, but we trust the proposed measure will be adopted by every medical college in the land at no very distant day.

Perhaps the best talent in every nation and country has been devoted to the study of medicine, and no other department in science, art or literature is richer in the recorded triumphs of its great devotees than is the department of medicine. We would by no means undervalue the talent engaged in the

study and practice of medicine to-day, for we are satisfied in its ranks may be found the best in the country. We only claim that too many of us are not only permitted but authorized to go forth as the people's health guardians, not half qualified for the labors and duties before us, notwithstanding the wisest men in the world are those who have just emerged from the green room with barely votes enough to escape ignominious defeat.

What shall we do? We are all on an equal footing. The struggle of life is before us, and the field wide. We buckle on our bright armor and stride forth never before so proud, nor after, for "death with his gleg gully nicks many a thread" in spite of us. Our new sword was but tin, and our shield and panoply more pervious than our parchment.

We once heard a prominent professor of anatomy state in the hearing of a large class of medical students, that he had spoiled a peck of eyes before he had learned to properly straighten one. That remark had the power of a sermon that sank deep into our thoughts, for we did not then understand that he meant bull's or sheep's eyes. Whose experience under the present system of high pressure education is not somewhat similar to the distinguished professor's. The disappointed patient next falls into the hands of an advertising quack, whose financial creed is, cash in advance for most encouraging promises. Hence the unscrupulous quack finds abundant means to advertise extensively, flourishes and grows fat as the patient grows lean. He laughs at the half qualified "regular," who grows lean too, for quacks must have money in advance, while stupid regulars have yet only learned to wait. But something too much of this.

A. D. BINKERD, M. D.

Parker's Landing, Pa.

Another Monstrosity.

EDS. MED. AND SURG. REPORTER:

I have recently read in THE REPORTER of November 19 an interesting case of monstrosity that has recalled to my mind a case that I met in practice some time since; which I will relate as briefly as possible:

I was called on the morning of the 5th of May, 1869, to attend a Mrs. —— in her fourth labor, æt. 27, and weighing about one hundred and sixteen pounds, when in health. On my arrival at her residence, at about eight o'clock in the morning, I was informed that she had ceased to menstruate the last week in August, last, and therefore considered herself in the eighth month of pregnancy, and that about four hours previous to my arrival she had experienced three or four very severe pains, with the discharge of the waters, attended with quite free hemorrhage. On examination, per vaginam, I found she had lost considerable blood, but that the hemorrhage and pains had nearly ceased. The os uteri was but little dilated and high up, with discoverable indications of labor.

After remaining about three hours and observing no considerable change in the symptoms or immediate necessity for my presence, I left to visit other patients, with the understanding I was to be sent for immediately on the recurrence of pain or hemorrhage. Not hearing from her however in the meantime, I called to see her on the following morning, arriving about 8 o'clock, when I was informed that very strong and frequent labor pains had set in about 20 minutes before, attended with a return of hemorrhage. On examination I found the os dilated so as to admit two arms down to the shoulders, a *right* and a *left*, with prolapsus of the cord *without pulsation*. I immediately informed the patient that she had a *cross-birth* and it would be impossible for the child to be born by her own *unaided efforts, while in that position;* that it would be necessary for me to rectify the position by *turning*. The pains were *very strong*, with but slight intermission, attended with hemorrhage, and the waters drained off for 24 hours when I proceeded in the attempt to turn.

Introducing my hand with some difficulty into the womb, I carried it along the body of the child until reaching the legs resting on the left ramus of the pubis—a *right* and a *left leg;* seizing the feet and with considerable difficulty in the short intervals from pain, I succeeded in turning the child, but in bringing the body down into the pelvis, some obstruction to further progress was apparent, which on examination proved to be the presence of another child. In this emergency I determined to hold on to the first child and deliver it; when by strong traction, aided by the expulsive efforts of the mother, the hips of the first child were delivered. Here again there appeared to be an arrest of further progress, when, upon further examination, I became satisfied that the second child was following or accompanying the first and that they *were united*, the heads about engaging in the superior strait.

With strong efforts upon the part of the mother, aided by considerable traction, they were finally delivered, the *head of the one pressing against the neck of the other.*

They were well developed female children of eight months, and closely united from the umbilicus to the superior extremities of the sterni, with but one umbilicus in common, and but one cord, though containing six vessels, the cord dividing one and a half inches from the placenta, a single cord then passing into each side of the afterbirth.

There was but one set of membranes, which corroborated what the patient had previously informed me in regard to the discharge of the waters, and is confirmatory of a physiological theory in regard to the development of the sexes. The case, to my mind, presents some points of interest. Firstly, it was a case of placenta previa. Secondly, it was a cross birth with shoulder presentation, requiring the operation of turning twenty-four hours after the discharge of the waters. Thirdly, it was a *monstrosity—Siamese Twins.* Fourthly, it demonstrates the fact that twins can be delivered with the head of the one pressing against the neck of the other. The children were not living, and I suppose were not for some hours previous to delivery. The mother made a speedy and favorable recovery. I preserved the children and deposited them in the Wister Museum of the University of Pennsylvania.

BENJ. THOMPSON, M. D.

New Garden, Pa., Dec. 20, 1870.

News and Miscellany.

Homœopathic Pension Surgeon Discharged.

The Commissioner of Pensions has struck off the list of Examining Pension Surgeons the name of Dr. Stillman Spooner, Oneida, New York, a homœopathic surgeon, on the ground that "all examining surgeons for the bureau should belong to one school and adopt but one theory of medicine," and that he "did not belong to a school of medicine recognized by the bureau."

——The project of admitting women to the Medical University at Edinburgh has received the express disapproval of the queen.

QUERIES AND REPLIES.

Retroflexion.

I wish you or some of your correspondents could give me a good treatment of retroflexion of the uterus; not retroversion, but retroflexion, where the uterus is bent almost like the letter U; a probe having to be bent more than a male catheter to pass it into its cavity. The patient is unable to be on her feet much or to walk or lift any; constant uneasiness in the pelvis; not sharp pain; no trouble in urinating, but very costive; no power to expel the contents of the rectum; has to use injections often; has a pretty good appetite, but a bad taste in the mouth; is regular, and has but little pain in menstruation. Has tried Babcock's uterine supporter, but was worse with than without it. I don't see how pessaries and supporters are going to cure the flexion. There is no evidence of inflammatory action *now*. What shall I do to cure it? J. B.

Penna., Dec. 24, 1870.

Tænia.

Is it possible that a tape worm's head will take refuge in some of the ducts leading into the alimentary canal, and thus escape the effects of anthelmintics? I have a case who passed last year, ninety feet at two passages, and last month, passed seven feet; have given santonine, calomel and turpentine, and pepo; will now try kousso pink root and pomegranate. What else can I do to get the head? A. P. B., M. D.

Texas.

WORDS OF ENCOURAGEMENT.

Dr. R. T., Mich.—"Send the Compendium when issued. I have all the numbers, so far. *It is the best thing out.* I think more and more of the Reporter every year."

Dr. L. H. L., Pa.—An old subscriber to the Reporter writes: "I shall ever regard it as my great and timely adviser upon medical topics of the day."

Dr. R. G. L., Ill.—I wish to continue my subscriptions or the Reporter and Compendium and Pocket Record. I find them indispensable professional companions, without whose daily fellowship I should often feel myself at fault."

Dr. R. A. B., Ala.—"Inform me when my year's subscription to the Reporter expires. I would not like to be without it for even one week."

Dr. E. C. C., Iowa.—"I would not be without the Reporter for anything. You should be proud of your position as editor of the best medical journal in this or any other country."

Dr. B. H., Iowa.—"I consider the Reporter the most practical medical journal I have ever seen, and I expect to take it as long as I continue in practice."

Dr. G. W. J., R. I.—"I have been a subscriber for the Reporter for about ten years, and cannot do without it."

Dr. J. B. L., Pa.—"I have been a subscriber to and a reader of your journals for a good many years, and the longer I take them the better I like them, and have got to believe them indispensable to the practicing physician if he would keep abreast with improvements in medicine."

MARRIED.

Bookstaver—Fisher—Dec. 28, 1870, at the residence of the bride's parents, Brookside, near New Brunswick, N. J., by the Rev. C. D. Hartranft, assisted by Rev. C. E. Phelps, Rev. A. A. Bookstaver, of Scotia, N. Y., and Miss Hattie N., daughter of J. C. Fisher, M. D.

Bryant—Campbell—Dec. 22, by the Rev. P. A. Slater, at the residence of the bride's sister, Lafayette, N. J., Dr. J. P. Bryant, of New York, and Miss D. C. Campbell, of Louisville, Ky.

Lazzell—Conaway—December 27, 1870, at the Pittsburg Female College, by Rev. I. C. Pershing, D. D., James M. Lazzell, M. D., and Miss Florence Conaway, both of Fairmont, West Va.

Morrison—Peairs—By Rev. H. R. Peairs, Nov. 3d, Dr. George Morrison and Miss Emma E., daughter of John Peairs, of Duncan's Falls, Ohio.

Noble—Liscomb—December 21, 1870, in the Beaver Falls, Pa., Presbyterian Church, by the Rev. W. H. Locke, Mr. Lester B. Noble, of New Brighton, Pa., and Miss Mollie A., daughter of Dr. P. D. Liscomb, of Beaver Falls, Pa.

Robbins—Watson—In Trenton, N. J., Dec. 25th, by Rev. Robert S. Manning, Geo. R. Robbins, Jr., M. D., of Hamilton Square, and Miss Anna Mary Watson, of Assanpink, N. J.

Taft—Morrow.—In Providence. R. I., Dec. 8th by Rev. James G. Vose, Philip Wilbur Taft, of Worcester, Mass., and Jean McLean Morrow, only daughter of Allen Morrow, M. D., of Clinton, N. Y.

Wade—Gillespie.—December 20th, in the Union Baptist Church, Pittsburg, by the Rev. Wm. M. Young, D. D., Charles A. Wade, second son of Mr. Levi Wade, and Laura Estelle, only daughter of Dr. E. Gillespie.

Wittich—Blake.—On November 1st, at the residence of the bride's father, in Springfield, Mo., by the Rev. J. A. Page, Geo. E. Wittich, of Garnett, Kansas, and Miss Katie R. Blake, daughter of Dr. A. H. Blake, formerly of Circleville, Ohio.

DIED.

Cooper—Dec. 9th, at Wellsburg, Brook county, West Va., of scarlatina, Mary Francis, daughter of Dr. J. M. and Sallie Hedge Cooper, aged 1 year and 10 months.

Parker.—In Lancaster, Pa., December 17th, Dr. Samuel Parker, aged 68 years, 2 months and 25 days.

Pennebaker—In this city suddenly, Dec. 29th, Amos Pennebaker, M. D.

Pownall.—Dr. A. P. Pownall, a young physician of Sandy Hill, Ky., was drowned in Crooked Creek, near Sandy Hill, a few weeks ago, while being baptized. He had been married but a few days previously, and was highly esteemed.

Wellford—In Richmond, Va., Dec. 27th, Beverly R. Wellford, M. D., aged 74 years. Dr. Wellford was for many years Professor of Materia Medica in the Virginia Medical College at Richmond, and was an ex-President of the American Medical Association. A biographical sketch of him with a steel engraved portrait was published in the Reporter many years ago.

Williamson.—In this city, on the 19th ult., Walter Williamson, M. D., in the — year of his age. Dr. Williamson was a granduate of the University of Pennsylvania. For some years past he has been a prominent and highly respected homœopathic practitioner in this city.

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Communications.

PNEUMONIA—ITS TREATMENT—WITH A RECORD OF CASES IN PRACTICE.

By Wm. P. Rodefer, M. D.,
Of New Market, Tenn.

The consideration of the subject which has been selected as an appropriate one for the article which it is designed to bring before the professional reader in connection with a series of cases in the form of clinical reports, notwithstanding the almost infinite number of valuable contributions that have been made to its literature in various ways, from the days of the illustrious Lænnec and Louis up to the present moment of time, is still possessed of a vast amount of interest to the earnest inquirer, who is desirous of knowing for himself the truth, not only on account of the really intrinsic importance which the subject contains within itself, but because it is peculiarly a matter in regard to which the greatest variety of utterly discordant, and, it may also be added, extreme opinions prevail, not only in reference to the real nature of the disease, but more especially to that particular division of it to which it is intended to limit the present article—its treatment.

In searching through the records of this disease, as these have come to us from the numerous writers who have contributed so extensively to swell the volume of its history, we cannot fail to observe that pneumonia is conspicuously a subject in reference to whose treatment almost every variety of opinion and of practice has at one or another time had an existence; and, furthermore, that even now, "in our own day and generation," notwithstanding all the collected light of an immense experience and the accumulated weight of an extended observation to direct our opinions and control our practice, there is a wide difference in the teachings of some of the most brilliant authors and distinguished observers in regard to it.

At one period, in following up the history before us, we are instructed in the most forcible manner, that the abstraction of blood by means of repeated general bleedings, and these, too, in what we are now led to consider to be enormous quantities, was regarded as an absolute necessity, a *sine qua non*, indeed, which, being omitted, it were sheer madness to attempt to control the morbid action with other remedies. This one extreme of practice, we are told, prevailed for a time almost exclusively, nearly all of the medical writers of that period concurring in the testimony as to the necessity of the measure; and, if we are to rely upon the statements of the results which were obtained by it, as these have been handed down to us by the advocates of these large bleedings, we cannot deny the fact that they were well borne, even though we are compelled to call into question the judiciousness of the measure. At another period, in pursuing the study of this subject, we learn that the tartrate of antimony in large doses was considered to be of the utmost value; none the less so, indeed, than was the abstraction of blood by the earnest advocates of the free use of the lancet, in the estimation of the enthusiastic Rasori, of Genoa, and of many of his countrymen. This plan of treatment also received the unqualified approval of the illustrious observer whose labor and research have thrown so great light on the pathology of this disease; and this sanction of the practice by Lænnec himself, and the high praise which he bestowed upon the antimony for its power of subduing

and controlling inflammatory action, independent of its emetic, nauseant, and diaphoretic effects, could not fail to command the attention of the profession and give to the treatment a powerful weight of authority. Pursuing the history of the disease still further, but without doing more than make a simple reference to the methods of treatment by means of evacuants, of mercury and opium, and of the mercury alone, every one of which has had an ardent supporter, we find again the earnest and able, bold advocates of another extreme treatment in the almost exclusive use of what are termed restoratives, in the form of wine, of brandy, and of such articles of nourishment as will tend to support the strength of the patient and keep up vital action, thereby furthering, as it is claimed by the distinguished Edinburgh professor, the natural progress of the disease. And thus it will be seen that we have to-day the enthusiastic supporters of the lancet, of the antimony, and of mercury, on the one hand, and of wine, of brandy, and of nourishment on the other, while between these two extremes there is to be found among the thoughtful observers who are accustomed to meet disease in all of its originality, a class of medical inquirers, whose voices are rarely heard in advocacy of any peculiar set of opinions, but who hold that, in the treatment of this disease, the same well-known principles should govern our practice that serve so faithfully to guide us right in the conduct of other diseases whose pathology is as well known as is that of pneumonia.

Many of these discrepancies, we are led to believe, are more nearly apparent than real; and when we come to consider the fact, which it is to be presumed there are to be found but very few correct observers to gainsay, that there is probably no disease whatever in the whole catalogue of human ills in which there is so great a difference in intensity and severity in different countries, and which is so prominently influenced by seasons and by locations, as is pneumonia, we are able to reconcile to some extent much of this difference which perplexes our minds in the study of our subject. Granting this proposition to be true, and the writer is fully assured that the history of the disease, as it has been recorded by almost all observers, as well as his own experience, embracing as it does a large number of cases in both hospital and private practice, occurring in different States and localities, and influenced by every variety of season and of circumstance, will bear him out in it—we are at once forced to the conclusion that no extreme of practice, be it what it may, can, as a general rule, afford the same satisfactory results in its indiscriminate application, as are to be derived from a treatment based upon general principles and applied to every case in its individuality as it is presented to the observer, with its intensity modified as it will be by the circumstances in which it is found and the various influences to which we have adverted. This, it occurs to me, the opinion of the learned Mr. BENNETT to the contrary notwithstanding, is the only philosophical plan to be pursued, since, on account of these varying circumstances, and the marked constitutional differences that are presented by individual cases, there will rarely be found any number of patients exhibiting the same characteristics in every stage of the disease, and who will be influenced favorably by the same plan of treatment. It is the correct observance of these varying conditions, and the judicious application of remedies to meet the indications that are to be found in every individual case, that constitute a practice based on truly scientific principles. No single treatment, either by depletion, or by means of what Mr. Bennett is pleased to term restoratives, alone can accomplish what is most to be desired in this disease; but it is by the judicious combination of remedies and the proper application of them to the case in its individuality that we are to secure a successful issue and derive the best results.

In illustration of the views which are expressed in the preceding part of this article, the writer appends a history of several cases which occurred in his own practice, which, it is believed, will convey to the reader in a more forcible manner than could be done by a mere declaration or statement of facts, the opinions that are attempted to be presented in reference to the treatment of pneumonia; a treatment founded on what is conceived to be a rational basis of correct pathological views, and governed by sound principles of therapeutics, and which has yielded in the hands of the author the most favorable results.

CASE I.—On the morning of the 5th day of January, 1862, I was requested to see M. C. E., æt. 26 years; a farmer by occupation, who had but recently undergone considerable ex-

posure to cold, in driving a lot of hogs from a distant section of country to his home. The patient had never been sick until the occurrence of this attack, which came on him two days previous to my visit, manifesting itself by severe rigors, which were followed by febrile excitement and frequent cough, with pain in the right side of the chest. The cough had continued to increase in its intensity; and only a few hours preceding my arrival the man had brought up a teaspoonful of blood—the sputa having all along been of a dark rusty color, and extremely viscid.

On making a physical exploration of the lung, there was revealed some degree of dullness extending over the lower portion of the right side of the chest, including fully two-thirds of that area. Inspiration was attended with a degree of harshness, with distinct crepitant rales, while expiration showed an occasional blowing sound, and when forced, it gave rise to a marked increase of cough. The pulse was 102 to the minute, full and strong, and the respiration 38, difficult and laboring, and accompanied by severe pain.

Treatment.—The patient was placed in a sitting position, and about sixteen ounces of blood were at once taken from the arm, with decided relief of the urgent symptoms. A hot lye-poultice was then placed over the chest, and directions were given to begin in one hour with five drops of the tincture of the veratrum viride, to give the remedy every three hours, and to increase one drop at every dose until the pulse should be reduced to seventy beats a minute or nausea should occur, when the quantity was to be diminished one half and continued. A full dose of calomel, combined with ipecacuanha and colocynth, with the addition of a little comp. powder of opium, was ordered to be given at 8 o'clock P. M., and a simple diet of milk, broth and toast enjoined.

Thirty-two hours after this visit I returned to see the patient, and to find his condition in every way improved. He had enjoyed a night of pleasant sleep after the administration of the powder, and was quiet and easy. The bowels had acted well, the pulse was down to sixty-eight, and of almost normal force, and the skin inclined to be soft; the cough was not so frequent, and expectoration was free, and with only occasional brownish streaks; there was diminution of dullness on percussion, and of the rales also.

The veratrum viride was continued as before, in the dose of four drops every three hours, in combination with the acetate of potassa and the dry ash bag, consisting of two parts of hot ashes and one part of ground mustard, intimately mixed, and put into a flannel bag, substituted for the poultice. Eight grains of the Dover's powder were ordered at bed-time, and the diet was increased.

In the evening of the 8th of January the case was found to be progressing admirably, the cough having almost entirely ceased, and attended only with slight soreness and some expectoration of mucus; the respiration, to all appearance, was normal, and neither dullness nor the rale was to be detected. The appetite for food was restored, and the patient able to walk about over the room. Directions were given for him to remain in doors for a short time, and to drink freely of the infusion of the prunus virginiana. Caution was also enjoined in regard to a too sudden increase of diet.

It will be observed in this history, that the urgent symptoms were instantaneously mitigated in their severity by the bleeding, and that these did not in any degree assume their former violence. These having been apparently cut short by the measure, it is a question of paramount interest to consider what might have been the result in the event the bleeding had not been employed at all.

Case II.—James R——; a farmer; 60 years of age; apparently a healthy man, but the subject of a winter-cough; was seen by me on the 13th of November, 1863, at nine o'clock in the evening, on account of a severe pneumonia of both lungs, which made its appearance three days before, with slight rigors and only a moderate degree of fever, but was followed by a harsh cough and a pain at the lower portion of the right side of the chest, which had continued to increase in its extent up to the morning of Nov. 13th, at which date, and only a few hours previous to this visit, he had been attacked by a pain near the middle of the left lung, which, he informed me, was preceded by severe rigors, with decided increase of fever, and accompanied by hemorrhage to the extent of several ounces. The sputa had been attended from the outset with streaks of blood, and were all the time exceedingly viscid and dark.

Physical examination revealed the marked dullness, both anteriorly and posteriorly,

over the lower third of the left lung, and two-thirds of the extent of the right one also. Inspiration was accompanied over the dull area of the former, which was less marked than that of the right side, by indistinct crepitant rales, while in the latter these were clear and distinct, and remarkably coarse in their character. Fine, moist sounds were observed at several points. The rest of the sounds were normal; the pulse, 105 to the minute, of increased volume and strength; the respiration 39, and painful rather than difficult, and the flush of the cheeks marked.

Treatment.—The bowels were at once directed to be thoroughly moved, by means of a purgative dose of calomel, ipecacuanha and colocynth, with the addition of a small quantity of morphia to relieve pain. A large lye poultice, with the addition of mustard, was made to cover the entire chest in front and at the sides, and the tincture of the veratrum viride was soon begun with, in the dose of four drops, in combination with forty drops of the spirits of nitric ether and three drachms of the solution of the acetate of ammonia, with one-sixth of a grain of the acetate of morphia; the medicine to be given every three hours, and the veratrum to be increased by two drops at every dose until its specific effect became manifest, when the quantity was to be diminished to one half and continued. The diet was to consist of milk, toast, tea, and, as it was relished greatly by the patient, the juice of the stewed peach.

Mr. R. was seen again early on the morning of the 15th of November, when he was found, as it was expressed by him, much better. The purgative had produced the full effect that was desired from it; the pulse was brought down to eighty-eight a minute, while the respiration was less painful and did not exceed thirty. The cough was unaltered in point of frequency, but had lost much of its harshness and was attended with considerable expectoration. The pain in the left side of the chest could only be felt during forced inspiratory action, while the crepitant rales were scarcely to be heard in that region. The alterations of sound in the right lung were less perceptible. The combination of the tinct. veratrum viride, nitric ether, etc., was continued at the same intervals, and the surface over the region of the lower two-thirds of the right lung was ordered to be painted four times a day with the tincture of iodine and cantharides in equal parts, and the use of the lye poultice continued over this as long as it could be borne, when it was to be replaced by the hot ash-bag. Eight or ten grains of the Dover's powders were directed to be given at nine o'clock P. M., if the dose should be required.

In the forenoon of the 17th of November there was a decided abatement of all the symptoms which were before observed: the pain in the chest was almost entirely gone, leaving only a little soreness to mark its place; the harsh cough was annoying only at occasional intervals, and was comparatively slight and attended with some expectoration of mucus, but no streaks, while the crepitant rale could be heard over a very small area at the extreme base of the right side. The pulse was sixty-seven a minute, soft and easily compressed, and there was a degree of languor indicative of the approach to asthenia.

The tincture of the veratrum was now omitted, while the nitric ether and the acetate of ammonia were still continued; the sulphate of quinia, in two grain doses, combined with the nitrate of ammonia and one-third of a grain of opium, was given every three hours alternately with the diaphoretic mixture. The application of the tincture of iodine and cantharides was continued twice a day, and a roll of wool substituted for the hot ash-bag. An increase of diet was directed, and if the patient desired it, a little solid food was to be allowed.

At my fourth and last visit, which was made at noon on the 19th of the month, and just six days from the time the case came under treatment, I found the man out of bed, dressed, and sitting up by his fireside. I was told by him that the improvement in strength had been rapid since I saw him last, and that he could "feel it increasing with every dose of the powders he took;" his appetite was perfectly restored, his digestion good, his sleep natural and refreshing, and the secretions all active and in a healthy condition; and he declared with confidence that even his old cough had been improved by his illness.

In commenting on this case, the writer would only observe that the treatment was conducted entirely without the employment of bleeding, of antimony, or alcoholic stimulants, and that no single remedy was relied upon at any time to meet the indications. The nitrate of ammonia I have been much accustomed to use, at least for a considerable period, in numerous asthenic conditions; but,

more especially in asthenia accompanying febrile diseases, and those in which embarrassment of respiration is prominently seen. The medicine was first brought to my notice a number of years ago in a paper which contained the history of a case of great debility, consequent upon serious attacks of uterine hemorrhage, in which the bleeding was controlled by the solution of persulphate of iron, and the extreme debility rapidly overcome, after the failure of a number of remedies, by means of the nitrate of ammonia. The name of the author of the paper has been forgotten, but it now seems to the writer of this article that the case was one with which the eminent Professor ALONZO CLARK was in some way connected, and that the remedy was suggested by him. Be this as it may, however, the writer can attest its value in the condition which has heretofore been referred to, as well from his own individual experience in *taking* the medicine, as from his observation of its effects in others, to which the attention of the reader has already been called.

CASE III.—S. H. B., a government teamster; 39 years of age; was received into the Q. M. Hospital, at Knoxville, Tenn., on the 7th of March, 1865. The patient stated that, having previously been entirely well, three days ago, while engaged in unloading hay, he became greatly heated, and sat down on the damp ground with his coat off and shirt open. On returning to his quarters he was seized with shivering sensations and a severe pain in the right lung at its lower part, and also of the left near the middle. Febrile action, with a violent cough and rusty colored sputa soon came on, and at the time of admission the pain was extending toward the lumbar region. Percussion elicited considerable alteration of the clear sound over both sides of the chest, more marked, however, in the right painful region. In the left lung, at its middle and toward the base, fine moist sounds were distinctly heard at the close of a forced inspiration, and in this way the crepitant rale was detected. On the right side the rale was plainly audible, more particularly at the lower part of it. There was violent cough, with brown, viscid sputa; the pulse was 101 to the minute and full; the respiration hurried, but not difficult, and the cheeks highly flushed.

Treatment.—The compound cathartic pill in the dose of about ten or twelve grains was administered, and a large poultice made of bran, of mustard, and of lye, placed over the entire chest at once. The acetate of potassa and the tincture of the veratrum viride—the latter to be increased by a single drop at every dose until the circulation should become reduced and the pulse brought down to seventy—were soon after begun; and, as the writer had an order to proceed on the following day to a private residence fourteen miles into the country to perform a surgical operation on a wounded man, and to remain until his services should be no longer required, the case of Mr. B. fell under the care of a medical officer who had but recently entered the service, and was not again seen by me until the 17th of March, at which time his condition was as follows, viz.: There was diarrhœa, with watery stools and traces of blood; the tongue was dry and red, the redness being greatest at the tips and sides; the pulse was 121 a minute and small; the cough severe and difficult, and the expectoration was somewhat free, but very difficult to raise; there was dullness extending over the lower part of the right lung, and also over one-third of the left side; inspiration was attended with a degree of harshness over the dull area, and moist rales were heard at its close, especially after cough; resonance was increased.

Since the morning of the 8th of the month the case was treated almost exclusively with antimony and morphia; and at the time of my return the treatment consisted of these remedies, with the addition of an ounce of brandy, which was given every six hours.

The man was now directed to have five grains of the carbonate of ammonia combined with one-fourth of a grain of opium, which was given in a teaspoonful of the syrup of senega every three hours; and, in order to test the power of the veratrum viride in reducing the frequency of the pulse without an increase of the quantity of the drug, the tincture was cautiously given, in the dose of five drops, at intervals between the carbonate of ammonia. Three grains of quinine were ordered at six, nine and twelve oclock A. M., and as the man did not like to take brandy on account of an intense burning of the stomach which followed it, the whole of the former treatment was discontinued.

At the end of forty-eight hours the aspect of the case was changed. The tongue had begun to moisten, and was losing some of the redness, although the diarrhœa was still trou-

blesome; the pulse was 102, and of better strength, while the respiration was greatly improved, and the sputum raised without much effort. The sounds of the right side were but little changed; but over the left lung dullness was diminished in extent, and the crepitent rale was heard, mingled with tho moist sounds. Treatment was continued, with the additions of a blister to the chest and the gallic acid and tincture of opium administered by injection once in every six or eight hours until the diarrhœa should cease. The blister having drawn well at the expiration of six hours with decided relief to the cough, and the diarrhœa having entirely subsided after the administration of the third injection, no alteration of treatment was considered necessary until the afternoon of the 21st of March, at which visit the pulse was found to be reduced to 70, and moderately full; the tongue was moist and of natural color at the sides; the cough was much less frequent, and attended with free expectoration of mucus, which was readily brought up, and the dullness of the right side diminished in extent. The veratrum was then omitted, and the dose of the carbonate of ammonia reduced to three grains, which was given in the syrup of senega, one half a drachm, and syrup of prunus virginiana, two drachms, every three hours. An additional dose of quinine was ordered at 3 o'clock P. M. of every day.

Under this treatment, the case steadily improved, no change being made in the conduct of it until seven days had expired (except to reduce the opium and quinia in quantity as the condition seemed to warrant it), when the man was put on the use of the nitrate of ammonia in the dose of twelve grains, four times a day, in one-half ounce of the syrup of the wild-cherry, with eight grains of the compound powder of opium at bed time. On the following morning, Mr. B. was taken to the residence of a friend two miles in the country. There was slight dullness remaining at the lower portion of the right lung, but the cough had left him, and no rales of any sort were to be observed. The pulse was twelve, but rather soft, and the patient complained of nothing but weakness. He was directed to continue the treatment and to report as soon as he was able, to let us know the result. The man came back to us on the seventh day from the time he was removed, and reported himself "well and hearty."

Case IV.—A. L. N., an army wagon-master; æt. 23 years; was admitted into hospital on the 21st of December, 1864. The man complains of severe pain in the lower two-thirds of the right lung, which came on him on the 18th of the month, with rigors, high fever, and a hard cough, immediately after his return from a foraging expedition up the French Broad river. There was observed, on physical exploration, increased dullness over the lower portion of the right lung, with crepitant rales at numerous points. The cough was frequent, and attended with rusty-colored sputum; the respiration was 39 to the minute and difficult; and the pulse 101, and full.

Treatment.—Six wet cups were immediately applied anteriorly over the painful region, and about ten ounces of blood drawn. A hot lye poultice was placed over the right side, and the tincture of the veratrum viride, in combination with the acetate of potassa, was ordered to be given in increased doses, beginning with five drops, every three hours. Ten grains of calomel, one of ipecacuanha, and five of the compound extract of colocynth were ordered at 8 o'clock P. M., and five grains of Dover's powder at 10 P. M., if the man should not sleep.

The subsequent treatment and entire progress of this case were so similar to those of case I., that to detail them would only require a repetition of what has already been written in reference to it. Suffice it to say, therefore, that on the morning of the 27th of December, seven days subsequent to his admission into the hospital, the man was entirely free from all symptoms of pneumonic trouble, and received his discharge.

It will be observed, in the history of this case, that the only difference that was made in its treatment in the outset, and the treatment of the first case of this series which I have reported, was in the use of local instead of general bleeding. The indications for the use of the lancet were evident; but the case having occurred at one of those peculiar seasons which are frequently seen in this climate, when even in mid-winter the sun will blend in beauteous tints the green on the meadow, and send warm rays to play over the foliage of the evergreen, and now and then kiss the dew drops that sparkle among the broad leaves of "my lady's pet geranium," and to woo the bee from its hive to play lazily around the bud which its warmth has called into life, and

the lark to spring upward and sing a few notes of her morning song, and which are productive of a greater degree of lassitude and attended by more decided general debility than all other seasons, the measure was not employed.

The local bleeding which was practiced in the case of Mr. N. was not attended by the same mitigation of the severity of the symptoms which accompanied the general bleeding that was performed in the first case of the series that is herewith reported The prompt and rapid recovery, however, I am confident, was in a great degree promoted by this measure, which I should have hesitated to leave undone. If the case had occurred to me at almost any other period than during one of those peculiarly depressing seasons, when winter seems to undergo a metamorphosis of a singular kind, and the vital resistance of the human economy to become, in a great measure, powerless, general bleeding would have been employed, with the confident expectation of greatly mitigating the intensity of the symytoms, if not, of being able to cut short the attack.

Hospital Reports.

UNIVERSITY OF PENNSYLVANIA.

Service of J. E. Garretson, M. D.

[REPORTED BY DE F. WILLARD, M. D.]

Double Hare-lip.

The case now before the class (a man 30 years of age), is that physical imperfection known as hare-lip. In this particular instance it differs, however, markedly from others which it has come in my way to treat before you, in being a compound or double cleft.

In the usual hare-lip, as all here well know, the deficiency consists in a V break in the continuity of the part. (Vide Reporter, Clinical Notes, July 2d, 1870.) The double break varies as markedly as the first is true to a type. The case before us is a fair example of what you will meet with in this direction of practice. It is not a complicated case, neither is it a simple one. First, you observe a break involving one-half, or much more nearly two-thirds, of the superior lip—an example of what is meant by deficient development. That nature, however, attempted, but was thwarted in her work of making here a perfect lip, is evidenced in that we find hanging from the septum of the nostrils a misshape fleshy mass, the abortion, without doubt, of the lacking portion of the lip. This centre teat or part, in these cases, is the pons asinorum, and it is so various—so diversified in its relations to adjacent parts that the question of concern, in all such operations, is, what shall we do with it? Here, in the case before us, for example, is this teat, so outside the harmonious line of the lip that a strip which should rest upon the cutaneous surface of either side, would pass beneath the mucous face of this middle piece.

As another example, I will here introduce a second patient, this infant, but three weeks of age. You have seldom seen anything more curious looking. It seems to have a fleshy door knob hanging from the tip of its nose. The child has scarcely the remnant of an upper lip, and what is a great deal worse, there is a complete break, both through the hard and soft palate, rendering the nose and mouth a common cavity, and which cavity has neither anterior or posterior closure, being, thus of course, always open. The babe cannot suckle; and when milk is poured into this cavity, attempt at deglutition throws about as much back as gets down the œsophagus. Observe this case particularly and compare it with the first, since it enables me very well to show you the two extremes of complicated hare-lips. The pedunculated prominence hanging from the nose of this child is the rudimentary lip, and who shall say how much of the absent palate enters into its composition? All the inside of the tumor is made up of bone; this the knife will be sure to demonstrate to us. The condition of this child is lamentable, and I shall exert myself to the utmost, you may be sure, for its relief.

In the meantime, until we come to the operation, consider it, each one of you, his own patient, and devise in your own mind what kind of an operation you conceive best adapted to meet the requirements of the case.

From any operative standpoint, we divide the subject of double hare-lip into two classes—simple and complicated. Such a division answers our purpose very well.

Let us then for a moment refer to an uncomplicated double hare lip where the center piece or teat might be found so large and square as fairly to divide the lip into three parts; now here, the median line of the lip would be found in the center piece; it would, therefore, I think, suggest itself to any one that either side of the cleft was to be treated as a separate hare-lip—that is, the whole operation may be very well done at one sitting, but there would necessarily be symmetrical parings made of either cleft. In such a case we have also to take into account the concavity made on either of the sides of our fissures, as reference is had to the influence exerted on the free margin of the lip; for here, of course, we require no lateral made swell.

Whether again in these really double cases we would first operate on the one side, and when this was cured, on the other, is a matter for the judgment of the operator. Many surgeons prefer to correct the whole deformity at one sitting. If he should do this, the operation would only deviate from the principles laid down, as regard would be had to the approximation of the parts. If the center-piece is small, I think it would be found the most satisfactory practice to pass the pins directly from one lateral flap to the other, on through the central teat, thus uniting all the parts together by a common suture. If, on the contrary, the center-piece is broad and well covered by skin, I think the greatest good is found in using two sets of sutures.

As regards the single or double operation, I myself am influenced by the width of the middle piece, the tenseness or laxity of the tissue of the lip, and the endurance and condition of the patient.

Another modification of the double hare-lip is one in which there is a projection into the cleft of the incisor teeth, the alveolar process being sufficiently normal to allow of non-interference with it. The projection of the teeth is a natural result of the lack of external support from the labial deficiency; the tongue has actually pushed them outwardly. This explanation will, I am sure, seem strange only to those who are unacquainted with the exceeding mobility of the dental organs under slight but continued force. It is certainly the true cause of such projection. In a case of this kind, the preliminary operation is the removal of the teeth. If now six months are allowed to intervene before attempting the operation on the lip, the alveoli of the extracted teeth will be found to have receded through absorption quite the eighth of an inch. The second operation is then to be done, *secundem artem.* This waiting on the process of absorption will be found to conduce greatly to a successful result, but it is not a necessity.

A still better, though more tedious mode of correcting such a deformity, however, is by bringing the projecting teeth back to their normal place in the arch through the agency of elastic ligatures, which is a perfectly feasible operation, and not at all difficult of performance. By such a preliminary procedure we not only get the teeth out of the way, but we also save to the patient these valuable organs. To make and apply such a ligature, we have only to take a common slip of india-rubber; attach at either end a loop of silk; place the loops over certain of the molar teeth (it is immaterial which), and stretch the centre or rubber part across over the labial faces of the teeth to be pulled back. It is astonishing how quickly and powerfully such a force will act upon the teeth, in two or three weeks at most they will be brought into proper line. To secure them in situ, and prevent their being again pushed forward, we have only to keep them ligatured in any convenient manner until the operation on the lip is made.

Cleft of the lip, as seen in the case of the babe before us, is found in almost every case of cleft of the hard palate. It has always been deemed very important in these cases that an operation on the lip should be performed as early as possible, since it is thought to favor closure of the bony cleft. In these cases the operation differs from that suited to an ordinary one, only when there is a projection of one or both alveolar processes into the break. In such instances, if the projection is very marked—that is, so much as to prevent the bringing of the lips together over it—we may, perhaps, be able to do nothing better than to cut away the parts. This, however, is always to be avoided when possible: first, because we thus destroy the germs of the teeth; and secondly, because if by any means we can get union of the lip, the parts in their development will come mutually to accommodate each other. In such cases, some authors recommend that we endeavor to bend back these juttings of bone, turning them in toward the mesial line; and when this can be done, it answers a very admirable purpose.

Still another mode consists in the employment of the fronto-occipito-labial elastic sling, which pulls upon the projecting process backward from the occiput. It will certainly fulfill the indications, but its application is not unattended with trouble.

The variations, together with all the anomalies in th direction of hare lip are first to be studied, as regards their cure, from the artistic standpoint. The surgeon knows when and what he can afford to cut; he knows what nature will do in the case; it only remains for him to consider well his incisions—where he shall make them, and what is to be the result; before the operation is attempted.

With this general review of the subject which will, I trust, be found by you sufficiently full for a satisfactory guidance in this direction of practice, we may turn to the performance of the operation upon these cases.

First, the man. It is a sad and unusual thing that he has been allowed to go to adult age with such a deformity. As this central piece is not wide, we can utilize it and make a single operation suffice for both clefts; that is, we shall pare both edges of this central piece, then the edges of the lip upon either side, and passing long pins directly from the lateral flaps through this teat, bring all four raw surfaces into their proper positions by the single ligature thrown around the pins. In regard to the character of our incisions, it is not here so necessary to use the ellipse or double V parings which I spoke of when upon the subject of simple hare-lip, since we do not

here produce in the same way the central median prominence and swell, and our great object is, therefore, rather to produce perfectly fresh surfaces at every point that union may be rapid and complete.

[Operation performed as described, the teat being used to fill up the gap between the two flaps, and a portion of one of the parings being allowed to remain in order to add to the fulness of the free margin, somewhat after the manner of the operation of Mirault. But two pins were used, and adhesive strips were immediately applied to assist in support. —De F. W.]

In regard to this little infant, I trust you have all by this time decided as to the operation which you would perform were the case in your hands. The child is but three weeks old, yet in these cases of such terrible deformity the operation must be done early, since the compression effected even by the closure of the soft parts may at this tender age greatly influence also the bony cleft, for you well know the large proportion of animal matter which exists in the bones of young children, and the ease with which they may be bent. At some future clinic I shall dwell more fully upon the matter of cleft palate, and will not, therefore, now detain you.

I shall now proceed to remove this pendant mass from the septum by means of bone-forceps, and, as you will then see, we have to deal with the lip as in ordinary cases of single hare-lip. The break is wide, but I think the tension will not be too great.

[The mass was removed and the lip pared with the double V incision; long pins were used, and the parts easily drawn together by the usual suture, and assistance rendered by adhesive strips. The hemorrhage was but slight. The mass proved to consist of bone (probably the rudimentary intermaxillary) and cartilage.—De F. W.]

PHILADELPHIA HOSPITAL.

Saturday, Dec. 10, 1870.

Surgical Service of JOHN H. BRINTON, M. D.,
Lecturer on Operative Surgery in the Jefferson Medical College; one of the Surgeons to the Philadelphia Hospital; and Surgeon to the St. Joseph Hospital.

[REPORTED WITH NOTES, ETC., BY RALPH M. TOWNSEND, M. D.]

The first case, gentlemen, to which I will direct your attention this morning, is that of George Denny. You remember this boy; he was before you at my last clinic, suffering under acute inflammation of the knee-joint, supervening upon long standing disease. The marked symptoms in this case were the pain and the increasing flexion, the latter to such such an extent as to have brought about some backward dislocation of the leg bones. You will recollect that I divided the biceps tendon subcutaneously, extended the leg to its original line of a month ago, and then dressed the limb upon a straight splint provided with leathern sides. This splint not giving the necessary support, I subsequently laid it aside and substituted for it the Stromeyer's apparatus, with its extending screw, before you.

Now, what was the after treatment of this case? Call to mind what I have already told you of the shock which sometimes accompanies these operations—a shock which it is all important that you should spare your patient if you can. To guard against this shock, will then be your *first* indication in treatment. Your *second* will be to prevent the development, or increase of inflammation in the joint. In this boy's case, I directed a hypodermic injection of one-fourth of a grain of morphia, as soon as he should have recovered from the effects of the ether. This did not produce the desired effect, and he suffered much pain. I therefore administered, a little later, a quarter of a grain of morphia and five grains of quinine, by the mouth, and left directions to have this dose repeated if necessary. It was not, however, required. He slept tolerably well during the night, and did well on the following day. But yesterday I found him feverish, with a furred tongue, dry skin, and increasing tenderness heat and swelling of the knee.

What then did I do? Gentlemen, I resorted to a remedy upon which I place the greatest confidence in these cases of inflammation of great joints, and I have treated many. I directed the knee to be covered with a large bladder of crushed ice, the bladder being only half filled, so as to surround nicely the cap and sides of the joint. Between the skin and the bladder a folded towel was placed, so as to prevent the freezing of those parts. This dressing I kept on two or three hours at a time. I then removed it for an hour, at the expiration of which time I ordered it replaced. With this treatment I feel quite confident I can control the inflammation. The joint has already improved greatly, and the heat, pain, swelling and tension are less. I shall now order internally the muriated tincture of the iron thrice daily in 15 drop doses, combined with one grain of quinine. I shall keep this boy's bowels soluble; see that he sleeps; if he has pain, relieve it by morphia; order him stimulants and good diet, and I am sure that by our next clinic day you will find his condition much better, and I doubt not but that the articular inflammation will almost have vanished.

Sinus of the Groin.

The next case which I shall exhibit to you is that of a poor lunatic, who suffered from a chancre some time since. His history is very vague. His only statement is that the contraction of the disease cost him the sum of six cents. The whole of the lower part of his belly is now burrowed with sinuses, evidently of long standing, the result of uncured buboes. These sinuses I shall slit up freely,

and as soon as the oozing has ceased I will have the surfaces dressed with the powder of oak bark. The edges of the fistulous track I find hard and rugged; I shall therefore excise them. In their present condition cicatrization is impossible. [Operation performed.]

Recto-Urethral Fistula.

Our next case is one of great interest, and one which taxes surgical resource to its utmost to effect a cure; indeed, a favorable result is far from certain. The history of this patient is as follows: Joseph R.; a German; æt. 50; contracted a gonorrhœa in 1867, which he states was cured. In 1868 an indurated bubo formed in the left groin, and shortly afterward both testicles became swollen. The right testicle suppurated, and is now adherent to the scrotum; the left epididymis is much enlarged. During 1867 and 1868 he experienced some difficulty in passing his water, and toward the end of the latter year he observed that some urine was discharged through his rectum.

At our last clinic, you will recollect, I examined this patient under ether. I found that a fistulous surface existed on the anterior wall of the rectum one inch above the anus, and a flexible probe passed through the fistula communicated with the urethra apparently near the neck of the bladder. The urethra I found strictured near its membranous portion, but I succeeded in dilating the stricture by Holt's dilator, and carried a large catheter (No. 16) into the bladder.

Such is the condition of this patient now. How shall I treat him? To attempt by plastic procedure to close the rectal orifice of the fistula, so long as its urethral opening is patulous, would be futile. To attempt any form of perineal section would be perilous, and would, I believe, promise but little. I shall not, therefore, resort to it—at all events, at present. My better plan of treatment will be, I think, to keep the urethra open and permeable to large instruments. I shall then, as soon as the temporary irritation incident to last Saturday's operation has passed away, try and teach the patient himself to introduce a catheter into his bladder. I shall then instruct him never to allow one drop of his water to pass by his urethra; and I shall impress upon his mind that he must draw off his urine whenever he feels the desire to micturate.

Should he follow my directions implicitly, and always empty his bladder, by the instrument, it may be that the fistulæ will close. They are now kept open by the passage of the water. Draw off the urine systematically by another channel, viz., the catheter, and the chances are, or at least there is a chance that the unused fistula will contract and heal. Perhaps, too, by local stimulants, such as caustics, or the hot wire, we can help on this closure and healing. I know that day before yesterday this urethra was permeable to a large catheter, but it is too irritable as yet for the patient himself to pass an instrument. I must do it for him; I must keep this urethra open until its sensitiveness shall have passed away, and until the patient can take charge, as it were, of his own urinary canal.

You might ask me, gentlemen, why not pass an instrument, metal or flexible, into the bladder, and leave it there, and so preserve the canal open? My answer would be, that the catheter, even under the most favorable circumstances, is a foreign body when left in position, and cannot fail to develope irritation of the urethra, and especially of the bladder. I have seen the most disastrous consequences follow, time and again, from a retained catheter or bougie, and I scarcely ever now, save in the exceptional instances of enlarged prostate, leave a catheter any time in the bladder and urethra. When you have once overcome a stricture or urethral impediment, you can usually succeed in passing an instrument whenever you wish, provided you use a little ether, and abstain from all force.

Now mark what I do in this case: I pour a small amount of ether on a folded towel; I give it into the patient's own hand, so as not to frighten him, and then I tell him to breathe a whiff or two of it. He does so, and says that "he feels stupefied;" I now inject two or three drachms of sweet oil into the urethra; I then readily pass this large instrument (No. 14) into the bladder, as you see by the flow of urine; I withdraw it, and the patient is himself again. He has not been unconscious; he has simply for the moment lost his sensibility to pain.

Gentlemen, please remember what you have just seen. Do not, in such cases, hurt and terrify a trembling patient by the passage of a catheter, when a breath of ether renders the manipulation so very easy, both for you and for him. Almost every day in my office practice, I do precisely what you have seen me do here, and I feel quite sure that if you will only recollect what I have told you just now that you will thank me for it hereafter. This patient's instruction in the use of his own catheter will be attempted, and persisted in. He will be brought before you often, and you shall see the result.

Syphilitic Caries.

The next case to which I ask your attention is a tedious one. It is that of a negro girl, æt. 20, with syphilitic caries of the tibia. The integuments and deep fascia are completely undermined by rambling sinuses. These I shall slit up, and I shall then remove all exfoliating surfaces of bone. You see what I am doing. Here is a long sinus which passes completely through the thick mass of tissue of the calf of the leg. This I can not cut out. I shall therefore insert a seton, and try and bring about an adhesive action. [Operation performed.]

Venereal Vegetations.

I have yet a few minutes left of my hour, and I here exhibit to you a case upon which I have promised to operate to-day. This man, æt. 21, had some months since, a chancre on the prepuce, and gonorrhœa. He came into this hospital in the autumn, with the head of his penis crowned with vegetations. These were removed by my colleague, Dr. PANCOAST. During the treatment the man eloped and now reënters the hospital with a full, fresh crop of these vegetations upon the old site. Look well at these growths—venereal warts, vegetations, cauliflower or raspberry excrescences, as they have been called. What their relation to venereal diseases may be I can not exactly tell. I doubt whether it is a direct one, the result of inoculation. These growths are of the character of warts, that is, I suppose, an hypertrophied condition of the mucous and cutaneous papillæ; perhaps developed under the exciting causes of the irritating secretions present in the venereal diseases. You find these vegetations on the glans penis, on the female genital organs, and around the anus of both sexes.

Let the cause be what it may, the indication of treatment is clear: to get rid of these growths as effectually as possible. This you may accomplish by touching them with caustics, as the nitric acid, or acid nitrate of mercury; or by clipping them off with the scissors, if they are small. If they are large, luxuriant, and have broad bases, you had better strangulate them by a ligature and pins.

When you attempt their strangulation always take good care to pass your pins deeply, and to include in the loop of your thread something of the subjacent tissues, the soil, as it were, from which their growths spring. One piece of advice I would give you: if you do cut off vegetations with the knife or scissors, see that you cauterize their base freely so as to prevent hemorrhage. This may at times be great. I once operated on a public woman, removing a single small vegetation from the posterior commissure of the vulva. There was no bleeding; the divided pedicle could hardly be discovered, and yet in a few hours I was sent for, and found my patient almost exsanguine. She had lost a great deal of blood from a little vessel which had nourished the vegetation I removed. The explanation in this case was simply this: that shortly after I cut away the growth this woman had been visited by one of her many lovers, and the hemorrhage was the result of venereal excitement. I found the cut vessel on my second visit bleeding so freely as to require a ligature. One great trouble in the treatment of these growths is their tendency to recur. Perhaps, therefore, it would be well for you always to touch their base, after the fall of the ligature, with acid.

In the case before the class, Dr. BRINTON transfixed the masses of vegetations by pins, and then ligated the bases of the growths. The pins were then taken out, and the prepuce drawn forward over the gland, to avoid the production of paraphymosis.

PHILADELPHIA EYE AND EAR INFIRMARY.

Nov. 12, 1870.

Aural Clinic of Dr. JAS. COLLINS.

[REPORTED BY JOHN W. MILLICK, M. D.]

Aural Catarrh.

The first case presented to-day, gentlemen, is Mrs. M——, æt. 52 years.

This case is not very peculiar in its characteristics. She informs us that for three weeks she has been losing the power of hearing in her left ear. She first suffered from a cold in the head. She is now troubled by puffing noises, etc. On examination we find the left membrane of the tympanum normal in color, but somewhat concave. The handle of the malleus is visible. By Valsalia's method no sensation of distention is felt in the left ear. The otoscope gives no evidence that air impinges against the membrane. We will test this still further by passing the Eustachian catheter, and by forcing air through it into the middle ear. Its passage must be made carefully and without any force. Having passed it in until its point strikes the pharynx, you then gently withdraw it, turn it about one-quarter of a circle, and, by gentle manipulation, it enters the Eustachian tube. Then, by means of the double rubber bulbs and tubing we can force the air into the middle ear. The catheter now is withdrawn, and you see the condition of the patient. She is alarmed; complains of a fullness in the ear, and says she hears "peculiar hissing sounds." After coughing you see she expectorates a mass of thick mucus, and now she complains of a peculiar cracking sound in the head. After suffering for sometime from the use of the catheter, the nervous symptoms subsided, and she found her hearing was much improved. She can now hear the watch at a distance of twelve inches instead of about four, as was the case when she presented herself.

In taking a view of the throat and tonsils, you see the mucous membrane congested and swollen about the posterior half arches. The tonsils are enlarged. Hence we may accept this as the commencement of an aural catarrh, with obstructions of faucial opening of the Eustachian tubes.

I will direct her to inflate the ears by Valsalia's method, and to use a gargle of the biborate of soda.

Tympanitis and Nervous Deafness.

The second case I will present to your notice Regina S. æt. 60 years. This patient I have had under my care for some time. You see she is un-

doubtedly deaf. She has a severe infirmity. Notice also how anxious she is to have the details of her affection clearly understood, and hence she continues talking in spite of my questions, in her monotonous way. She can hardly hear her own voice. The tick of my watch can be heard feebly when it is in contact with the bones of the cranium. The bone conduction seems to be impaired. She says she was always nervous, and that it is a nervous deafness. She suffers at times from dizziness.

On inspection, you find a dark mass in the external auditory meatus obstructing your view. This I will now proceed to remove, it having been previously softened by a solution of sodæ bicarb., glycerine and aquæ which has been applied regularly. In choice of means for removing such masses the syringe is the best, although it is always well to have at hand a scoop to assist in case of need.

After throwing in several syringefuls of tepid water, a mass of hard, dark cerumen was removed from both ears, giving a perfect cast of the external auditory canal. On inspection now, we find that the external meatus is deprived of its epidermic covering. It is injected and sensitive. The membrane of the tympanum is now seen, and is concave and of a dull gray color. The umbo is scarcely visible. The surface is irregular; evidently the pressure of these masses has produced an inflammation in the membrana tympani, which is now chronic. There is no movement of the tympanum when air is forced into the middle ear. She is then evidently suffering from deafness, the result of pressure from the impaction of cerumen in the external auditory canal.

The hearing, you see, is not improved by washing out the wax; but she seems to be more comfortable. Here then is an illustration of what is not uncommon. This woman has been growing deaf for years. At first dull sounds were constantly heard, gradually these merged into more acute and louder sounds, which soon became roaring, and finally buzzing, in character. Here then is a case of pronounced nervous deafness. A deafness at first curable, if the condition had been recognized, because it was due merely to a mechanical obstruction. Now incurable, because pressure has produced morbid changes which cannot be repaired. Gradually, indeed, repair and restoration of function may take place, but it will be very slowly indeed, if ever. I will merely direct her to inflate the middle ear by Valsalia's method, and to drop in the ear, argent. nit., gr. j., aquæ, f.ʒj., to get rid of the irritation in the external auditory meatus.

Cases similar to this in history are constantly presenting themselves; one of which I might mention is that of a German, whom I treated last month. Both ears were filled up; he could not hear, except with great difficulty, as much even as the human voice; his prospects of business were marred. He came here unhappy, dissatisfied and depressed. By potent washing with the syringe and tepid water, masses were removed from his ears that astonished him as well as myself. Instead of being deaf, he left the infirmary hearing all things very acutely. This thorough washing out of the ears is now all that is done in his case, and he retains his hearing as acute as ever. Had not this been done the accumulated masses would have exercised pressure, and produced exactly the same result as in the case of the woman now before you.

COLLEGE OF PHYSICIANS AND SURGEONS, NEW YORK.

December 16, 1870.

DISEASES OF WOMEN.

Clinic of Prof. T. G. Thomas.

Prof. Thomas reported on two cases from former clinics.

Doubtful Pregnancy.

This case has been carefully watched during the last fortnight, and to-day again presented herself. Dr. T. again examined her, and expresses himself as confident now that she is pregnant. The uterus is much larger, and the dark areola around the nipple greatly intensified.

Obstructive Dysmenorrhœa—Results of Operations.

Mrs. C.—This patient presented herself two weeks ago with a constricted os uteri ext., and had it enlarged by Dr. Thomas' new operation, viz.: enlarging the os by paring its edges. Since that time she has menstruated with barely any dysmenorrhœa, though it was constant for fourteen years previous.

Emansio Mensium—Undeveloped Uterus.

J. McC., æt. 20 years, single; never menstruated before one year ago, and at that time had a discharge of blood, continuing for five days. Seven months after this, again appeared, lasting but for a single day. Physical examination showed the vagina to be normal. The os and cervix were no more developed than in a girl of 12. The intra-uterine measurement was 1½ inches.

Prof. Thomas said this was a case of emansio mensium from an undeveloped uterus. From the general condition and development of the patient he thought ovulation had gone on, or in other words, the ovaries had attained ordinary development. If this was not so the mind would be much enfeebled and the body dwarfed in stature. Assuming that the ovaries are developed, the prognosis will be very good. By the middle of next summer, if treatment is persevered in, a cure may be affected, and possibly by the end of the present course a decided improvement may be noticed.

Treatment.—The treatment will consist in the application of a small sponge tent, which will be left in for 24 hours. In four days a larger one will be introduced, and so on. By distending and irritating the organ, increased growth and nutrition will be established after three or four sponge tents have been applied. The galvanic pessary is to be introduced into the uterus. This pessary is made by arranging alternate beads of copper and zinc on a copper wire. This wire is fixed into a base of hard rubber, which rests against the cervix. There has only happened one case of pelvic peritonitis from its use.

Dr. T. said in all the cases in which he had applied it to the pessary there is attached a thread, in order that the instrument may be withdrawn by the patient when an attack of uterine colic occurs.

Tympanites.

Mrs. C.; four children. Eight months ago noticed a swelling of the abdomen, which increased up to its present state. On examining the abdomen it was found to present a tumor, acuminate in form, three inches in height, and about five inches at its base. This was not connected with the uterus, and the uterus was not abnormally developed. It did not fluctuate, and on percussion was resonant. In other words, it was tympanites.

Sub-Involution of Uterus.

Mrs. C.; three children; youngest two years old. Has been ill since the birth of her last child. Had a discharge, sometimes dark, at others greenish and again white. Has not been regular in her monthly courses. Two weeks ago was taken with pain in her left side, sometimes running down to her thighs and legs.

Vaginal examination shows the uterus to be increased in size, and on firm pressure being made in right broad ligament, patient complains of pain.

Dr. T. said it was a case of sub-involution of the uterus, accompanied by an attack of periuterine cellulitis. This latter was the cause of the severe pain in the side, and from pressure on the sciaitc nerve the pain in the thigh and leg might be accounted for. The treatment will consist of perfect rest, together with a poultice on the affected side. The warm douche three times a day would also be a desirable adjuvant; opiates are to be given for the relief of pain, either till suppuration or resolution takes place. The case will be reported in a fortnight.

——Judge McKenna of the United States Circuit Court for New Jersey, has decided that in a case of suicide from insanity a life insurance must be paid, insanity being held to be simply a disease.

CHARITY HOSPITAL, BLACKWELL'S ISLAND, NEW YORK.

Tuesday, January 3d, 1871.

Surgical Clinic of LEWIS A. SAYRE, M. D., Professor of Orthopedic Surgery, Bellevue Medical College; Surgeon to Bellevue and Charity Hospitals, etc.

[REPORTED WITH NOTES, ETC., BY RALPH M. TOWNSEND, M. D.]

I appear before you at short notice, gentlemen, in place of my colleague, Dr. VAN BUREN, and the first case that presents itself is one of

Chronic Inflammation of the Wrist Joint.

This man came under my notice about a week ago, with a boggy swelling and flexion of the wrist, and all natural contour of the part obliterated. The swelling was also the seat of intense pain. Detecting pus, I freely incised the part, and after a considerable purulent discharge crepitus was detected. If I steadied this man's arm and then made extension by grasping and firmly drawing his hand, the pain was immediately lessened. Pressure, on the contrary, or lateral movement of the hand, increased the pain. Extension thus being clearly indicated as an element of the treatment, by means of adhesive strips, I confined the palmar surface of the patient's fingers to one extremity of a splint, made from a piece of cigar box, the remainder of the splint running under the forearm. I thus contrived a means of extension, which, being made to the requisite extent, was maintained by circular compression in the shape of adhesive strips and a bandage. Over the opening made by my knife I placed oakum. Lint in this locality would have acted like a champagne cork in a bottle, retaining all discharge, and thus proving a fruitful source of pyemia. If you throw a bale of lint in the water, its interior will be found dry even after the lapse of a year; but a bale of oakum would be thoroughly saturated in a week. So oakum placed over the seat of a discharge rapidly absorbs it, and this independent of its antiseptic virtues.

Since I first saw this man he has improved wonderfully in general appearance. In a week or ten days we shall remove the dressing and commence passive motion. There is a stage in these joint affections, at which motion is as much a part of the treatment as is rest, compression and extension at other stages. Compression by circular strips I here make very firm. A month more will witness the complete cure of this man.

The next is a case that you will often see at this time of the year, especially in the hospitals of large cities, viz:

Gangrene as a Result of Exposure.

This man was frost-bitten a week ago, but his case is yet one of waiting and sustenance until nature draws better her line of demarcation. The

death of the little toe here is complete on both sides, and the remaining toes are all more or less gangrenous. A line of demarcation is commencing to be established about three inches back of the base of the little toes and hence transversely across the feet. You should never be in a hurry to perform an amputation in these cases at the line of cutaneous demarcation. You will find the skin dying further toward the body's vascular and nervous centres than the subjacent structures. My plan is to take a needle and by sinking it in the parts involved, judge by the sensation where deeper demarcation is establishing itself.

[This procedure was tried in this case and it was found that although the pin might be inserted in the dead and blackened cutaneous tissue, as its point plunged deeper, pain was caused. Dr. S. cited cases where he had saved parts afterward of immense benefit, as the stumps of fingers, simply by this "deep feeling" with the pin-point and the avoidance of undue haste with the knife.—R. M. T.]

Symes' amputation will probably have to be performed in this case.

I now bring before you some representations of that corps numerously billeted upon all hospitals and so formidable under the name of

Old Ulcers.

Here is one of eight years duration. When I showed this man to the class four weeks ago he had an ulcer extending from the lower third of the tibia to the ankle-joint, and almost encircling the leg, leaving but a strip of integument one and a quarter inches wide posteriorly. The ulcer was surrounded with a thick, hard, gristly and almost fibro-cartilaginous border and covered with granulations utterly insensible, they being rubbed and scraped without giving pain.

To-day you see the ulcer reduced in size one-half and covered with fine, florid granulations. What has brought this change? Simply a procedure such as I am now about to partially repeat. In the first place, the hard border and the face of the ulcer itself were freely incised with incisions running parallel with the leg. Bleeding was promoted by sponging the parts with warm water. The leg was then elevated and thoroughly *stripped* of its remaining blood, after which the parts were basket-strapped and covered with a roller bandage.

[The basket-strapping consists in taking strips of adhesive plaster and commencing with the toes, which are individually strapped with narrow strips, if the toes be long enough, or if they be short, cotton is placed between the toes and they are strapped collectively. Then a strip of adhesive plaster is run around the lower border of the foot, commencing at the base of the first phalange of the little toe, carried around the heel and ending at a similar point on the great toe. This strap is crossed at right angles with one carried under the foot and up on either side of the leg to a point above the ulcer. A third strap is now adjusted parallel with the first and just overlapping its upper border, and this in turn crossed by another strap parallel with the second. By a successive series of horizontal, oblique and vertical strappings the whole surface, including the latter, is evenly covered to a point above the solution of the skin's continuity. A feature of the treatment is to have no kink in the straps, but to take plenty of time and adjust them evenly, smoothly and firmly. Then commencing with the toes a roller bandage is applied over the whole drawn exceedingly tight.—R. M. T.]

Then came an important element of the treatment. The man was not put to bed, but put outdoors to work, thus rendering the circulation of the blood more active, and, by its better æration, the better fitting it to throw out solid and plastic matter. The effect of such treatment as this is to produce firm and vigorous granulations. *Repeat the dressing just so soon as the bandage becomes soiled by the passage through of the secretions, and no sooner.* Run a pair of curved and blunt pointed scissors under the whole dressing, and, after thorough division from leg to toe, bark it off. On removing such a dressing for the first time, you will find the ulcer much changed in its appearance. Its borders will have become reduced one-half. Soft, flaccid and pliable. The granulations will have changed, and become covered with a soft, cream-like pus. Wipe off only the pus surrounding the ulcer, and leave upon it the ointment which the Lord has seen fit to provide.

[During the delivery of his sentences, Dr. S. had been busily engaged in putting his rules into practice, and on the completion of the dressing the patient walked with greater ease, and said the parts felt considerably lighter, more elastic and relieved. —T.]

Here is another ulcer of 18 years standing. It has been strapped, but unfortunately another part of the treatment, in the shape of scarification, has been omitted. Remember, whenever you find a hard, gristly border, unband it.

To many of you, gentlemen, similar cases to these will make or mar your starting points in practice. These men get tossed around from post to pillar until their means become exhausted, and having no money to fee established practitioners of medicine, they fall into your hands. If you fail to drink of the cup presented you this morning, and when they ask your services dismiss them with an ointment, poultice or a rag, you have lost the chance to make your mark, where older heads have failed—to leap from the alley to the avenue, the kitchen to the parlor! Remember another thing, *this disease will recur when you take off your support to the blood-vessels.* In these conditions there is a paralysis of the capillaries, and the parts must, therefore, be supported during the natural life of the patient.

Another point: Where the ulcer is excavated, first wad the cavity with oakum, and then strap over it. I have practiced the treatment I exhibit to you to-day for twenty years, and invariably with

good results. Six months experiment in these wards has not been rewarded with that success which the advocates of transplanting or grafting of healthy skin upon the surface of old ulcers demand for it. For practical results the method I have given you is by far the best. When the entire surface of the ulcer is covered, there is four or five thicknesses of adhesive plaster.

I here show you a case of grafting or transplantation, with the progress toward a cure as made in four months. You can compare, for yourselves, the results with those arrived at, in half the time, by the basket strapping. During my term of service, I cured a Frenchman of an old ulcer that almost covered the leg. The microscope said it was a cancer, but, as I never agree with the microscope unless it agrees with me, believing better in my fingers and eyes, I persevered to a successful result.

Here is another case, of seven years standing, with a complete arrest of circulation and a threatening appearance, as if of gangrene, in the calf of the leg. This man states that during the continuance of this ulcer, six or seven times it has healed up and then relapsed.

[Dr. S. now made a long and free incision through the congested calf and found, probably as a result of diffused cellulitis, a bleached and deadened condition of the mass of the calf.—T.]

What has caused this condition? Cutaneous congestion primarily, then ulceration. Finally the superficial veins became ulcerated through, and the blood that should have returned through these channels, either stagnated or was driven into the deeper veins only to congest them. Now when blood stops circulating it dies. The want of air will cause its disintegration as truly as the want of blood will cause the disintegration of the tissues of the body. This, then, is a case of sloughing of cellular tissue from extensive capillary engorgement. Free incision here is the chance of relief. Yeast poultices will be kept upon the parts for twenty-four hours and then they will be filled with Peruvian balsam. The latter is probably effective on account of the creasote it contains, acting like carbolic acid, but being more cleanly and more pleasant to the smell. The chances here are about even for an amputation.

Resection of the Metatarso-phalangeal Articulation of the Great Toe.

As a result of an axe-cut I find carious bone at the junction of the great toe with its metatarsal bone. Now, this is a good case for resection. Why? Because if you cut off the great toe you destroy part of the tripod on which the foot rests, viz: the heel and the balls of the big and little toes—hence, permanent lameness will result. Resection saves this as an anchylosed toe will replace the tripod.

[The diseased ends of the bone were removed with a saw, and the parts approximated in the usual manner, the shortening not being more than half an inch.—R. M. T.]

Medical Societies.

COVINGTON AND NEWPORT MEDICAL SOCIETY.

December 12th, 1870.

BY CHARLES KEARNS, M. D.

[REPORTED BY J. W. HADLOCK, M. D.]

Diphtheria.

[Diphtheria having prevailed to some extent in Covington and Newport, the following paper was prepared and read by Dr. KEARNS, in justification of some remarks which he made on the above named disease, at a previous meeting of the society.—J. W. H.]

The difference of opinion in regard to the peculiar appearances in the throat in diphtheria, and the pathology of the disease, have led me to compile from the best authors, and give as a summary the *causes, symptoms, anatomical appearances, differential diagnosis, pathology*, and as near as can be determined, the rate of mortality of the disease. In Dewees and Churchill the disease is not recognized; at least no mention is made of it. In Watson, under the heading of cynanche trachealis it is briefly mentioned as having been described as identical with membraneous croup; but in Watson's opinion, this identity exists only in the "production of an adventitious membrane upon a mucous surface," the position of the exudation making one of the distinctions; when located in the wind pipe, being secondary. NIEMEYER speaks of it as belonging to the infectious diseases—even among those that are most typically contagious, doubting, however, its miasmatic origin.

SMITH speaks of it as an infectious disease of miasmatic origin. WOOD says the causes of ordinary angina will give rise to the pseudo membraneous variety in those predisposed to it, but ascribes no cause for this predisposition, unless it be a peculiar state of the blood. He acknowledges the occasional contagiousness in its epidemic and malignant forms, but as a rule is disposed to ascribe its extension to a similarity of constitution and exposure. FLINT speaks of it merely as a constitutional affection. WEST mentions it as a disease "whose local symptoms are often cast into the shade by the grave constitutional disorders that attend them." In fact every author consulted argues more or less in its description as a constitutional disease; one or two only ascribing its origin to miasma. Like typhoid fever, scarlatina, variola, measles, etc., the causes are all obscure.

Every author consulted locates the disease pecu-

liarily in the fauces, and symptoms described by each are almost identical. Redness and swelling, involving the tonsils and soft palate, accompanied in a few hours by the exudation on their surface of a dense, grayish white false membrane (HILLIN says at first semi-transparent, then opaque,) appearing in little points or spots, which speedily coalesce, forming a uniform investment where redness and swelling were first apparent.

Niemeyer says, the first symptoms are insignificant; in some cases for days there is a general *malaise*, dullness, depression, and chilliness; more rarely a severe chill, accompanied by nausea and vomiting; with difficulty in swallowing. A very suspicious and early symptom is a hard swelling of the lymphatic glands, lying at the bifurcation of the carotid artery, which LUSCHKA insists are directly connected with the lymphatic vessels of the soft palate. The grayish-white color is rapidly changed to an ash color or dark-gray (West says, the change of color to dark-gray or black, is the result of blood from the congested mucous surface beneath), become detached, and leaves, beneath a raw bleeding surface, new deposits, rapidly forming; the vital powers of the patient are failing; attacks of syncope sometimes occur, and finally end in death. Some cases, previously satisfactory, die unexpectedly with symptoms of collapse, without our being able to find any explanation of the occurrence. Says Niemeyer, "should the case terminate favorably, the false membranes become detached; no new ones are formed, the remaining ulcers cicatrizing; the difficulty in swallowing disappears, and if there be no sequelæ, perfect convalescence follows in two or three weeks." Niemeyer says the disease is greatly modified by a croupous inflammation of the larynx and trachea, occurring in mild as well as severe cases. Frequently, with this complication, examination of the fauces and the epidemic occurrence of diphtheria alone, enable us to decide to which form the croupous laryngitis belongs. In such cases most patients die—some with the symptoms of collapse; some with those of insufficient respiration and poisoning of the blood. When the disease ends in recovery, it is often followed by paralysis. Niemeyer says, the not unfrequent occurrence of diphtheritic paralysis, after very mild cases, as well as the curious fact that they never follow the disease immediately, but come on from two to four weeks after its disappearance, explains sufficiently why the connection between the paralysis and the diphtheritis, so long escaped recognition.

Anatomical Appearances.—Under this heading I shall simply give the appearances of the local manifestations in the disease. It is constantly localized in the fauces, which are covered with a grayish white pseudo membrane, which is not easily removed, but when it finally breaks down and falls off, leaves an ulcerated loss of substance. These diphtheritic sloughs result from superficial gangrene of the mucous membrane, which depends upon compression of its nutrient vessels, by an intestitial fibrinous exudation, or from swelling of the tissue elements, which are filled with a cloudy substance. When the larynx and trachea participate in the disease, the croupous, not the diphtheritic form of inflammation of the mucous membrane, occurs; that is, according to Niemeyer, the surface of the mucous membrane is covered with a more or less tough and consistent false membrane, which may be readily removed, leaving no loss of substance. This makes now the distinction, according to Niemeyer, between the false membrane in croup and diphtheria. Hillin says, in REYNOLD'S system of medicine, Mr. SQUIRE adopts the views of VIRCHOW, that the distinction is based mainly on the condition of the mucous membrane upon which the false membrane is deposited. In diphtheria there is intestitial necrosis, or ulceration of the mucous membrane immediately beneath the exudation. In croup the exudation is free, and there is no such lesion of the mucous membrane. Hillin himself believes the two diseases identical, but cannot account for the paralysis being a sequela now, which it was not with croup, as described by an old author. Flint says, when the exudation is detached, the mucous membrane beneath is simply excoriated or deprived of its epithelium. Also, that diphtheria and croup are quite different diseases, and the former is more appropriately placed elsewhere than among diseases affecting the respiratory apparatus.

West claims that there is occasional loss of substance in the exudation in croup, and says "that what differences soever exist between croup and diphtheria, must be elsewhere than in the pathological changes observable in the respiratory organs"—Niemeyer and others admitting and affirming that when the larynx and thrachea became the seat of the disease the exudation is essentially croupal; but claiming that in the fauces, nares, etc., the exudation is diphtheritic. It may be nothing more than justice to West, Wood and others that differ from Flint, Niemeyer and Virchow, to state that the editions of their several works, which I have quoted, are from ten to fifteen years of age, while the others, Niemeyer, Flint, etc., are of recent date, as ten or fifteen years in this age of rapid advancement and progress may have thrown much light upon a disease little known until the last few years.

The differential diagnosis then, from what has been said in regard to the anatomical appearances, will occupy but a short space. Wood says, besides thrush and the sore throat of scarlatina, the only complaints with which it can be confounded are common angina, ulcerated or malignant sore throat and pseudo-membranous croup. From the first o

these it is readily distinguishable by the exudation in the fauces. In pseudo-membranous croup the exudation commences in the larynx, and diphtheria in the fauces, but may extend to the larynx. West's distinction is the simultaneous or successive affections of different and distinct parts, is that on which we are wont to rely, in proof that a disease belongs to that great class of blood diseases. Flint says the diphtheritic exudation within the throat is to be discriminated from the follicular secretion, which is sufficiently common, especially over the tonsils.

The latter is a pultaceous deposit—not membraniform—not removable in strips and patches, and may be seen to dip into the follicles. He also says pharyngitis, with follicular secretion, is frequently called diphtheria. This term is correctly applied only in cases in which a true diphtheritic exudation exists. He admits that during an epidemic of diphtheria cases of simple pharyngitis, with follicular secretion, are rife, due to epidemic influence, but are comparatively trivial. He confounds it with nothing but follicular pharyngitis, and states that the exudation is an essential diagnostic criterion. Niemeyer says in all cases where, as in genuine and diphtheritic croup, we find that two anatomically similar disturbances of nutrition depend on different causes, we should consider them as distinct. Another adjuvant in the diagnosis is the almost constant albuminuria in diphtheria, and its rare occurrence in any other affection of the throat, except scarlatina, which has so many unmistakable points of distinction as to make their statement superfluous. The pathology of the disease, as to the local appearance, has been given in the anatomical lesions. Flint says diphtheria is manifestly a constitutional disease, and the diphtheritic affection a local manifestation of a special morbid condition of the system, involving blood changes, the nature of which remains to be ascertained.

Degeneration of the parenchyma of the kidney occurs in about one-half the cases; the epithelial cells of the urinary tubules are more or less enlarged by albuminous exudation, their contents being opaque, and the cells themselves being in a state of molecular disintegration, the most common, and frequently the sole symptoms of which, is albumen in the urine. If the original disease terminate in recovery, the nutritive disorders of the renal epithelium, to which it has given rise, are also completely repaired. The spleen is usually enlarged and soft. Flint says an important pathological question relates to the agency of the local affections in inducing more or less of the constitutional disturbances in cases of diphtheria.

The view seems to be held by many that septicæmia is produced by resorption of the exudation. The anatomical changes of the nerve centres or peripheral nerves, on which diphtheritic paralysis depend, have not yet been discovered. And Niemeyer says, in conclusion, that we know as little about the anomalies of the blood in this affection as in other infectious diseases.

Rate of Mortality.—FLINT says statistics communicated by different observers present a very wide range of variations, due to the fact that irrespective of treatment the fatality in different epidemics actually varies within widely separated limits; that they are also due in a measure to the error of confounding with diphtheria, pharyngitis with follicular secretion, and the error of applying the name diphtheria to all cases of sore throat occurring during an epidemic, and without attempting to express the average death rate in figures. It is sufficient to say from the facts above stated, that it is sometimes very large and sometimes comparatively small.

Hillier states that under two years not quite twenty per cent died from diphtheria. In hospital practice two-thirds of the cases have suffered from laryngeal complications, the rate of mortality being eighty per cent., and in those without laryngeal complications it has been between fifty and sixty per cent.

M. ROGERS' statistics for the Children's Hospital in Paris in 1859 and 1860 show a mortality of seventy-seven per cent. for laryngeal diphtheria, and forty-six per cent. for cases limited to the fauces and pharynx.

Tracheotomy is recommended by Hillier whenever there is decided and persistent distress from want of air with laryngeeal respiration, and increasing recession of the chest walls and root of neck in inspiration. WASSEAN has saved one in four in hospital practice, and one-half in private practice. Dr. BUCHANAN, of Glasgow, seven out of twenty-one cases. Hillier himself, in hospital practice, five out of twenty-two. Even when the patient dies the death is much easier than when left to die without the operation.

NEW YORK ACADEMY OF MEDICINE.

December 15, 1870.

Classification of Medicines.

DR. WM. H. THOMPSON read a paper on the above subject. He said that the aim should be to help the memory and judgment—not so much to enter into a description of the drug *per se* as to explain its uses fully.

The present classification of medicines is very vague and indefinite, resulting in the aggregation of entirely dissimilar remedies. He was in favor of making a division of them, into those acting in a short time, if they act at all, as cathartics, emetics, etc., and those which effect results slowly, as arsenic, in skin diseases, tonics in debility, etc.

Dr. PEASLEE approved of the views laid down, and remarked that although medicine progressed in a circle, at every revolution a higher plane was reached. Therapeutics depended on pathology, and that at present we are in an entirely different stand point to what we were twenty years ago.

Editorial Department.

Periscope.

Abscess within the Cranium.

Professor N. R. Smith contributes the following case to the Baltimore *Medical Journal:*

In the summer of 1869 I was consulted by the Rev. M. C., of Virginia, of the Episcopal Church, in regard to the results of an injury of the cranium, which injury was sustained twenty years before. The injury was inflicted by an accidental blow from a sharp stone, on the left parietal bone.

The blow was followed by inflammation of the pericranium—suppuration and detachment of that membrane from the bone. Then followed necrosis, and a final separation and discharge of a small sequestrum, involving both tables of the bone. There remained a fistulous opening, which never closed during the long period of twenty years. It so little interfered with his general health that he continued, during that time, to discharge the duties of his calling, though occasionally suffering pain in the head and vertigo, especially when the discharge was in any way impeded.

Dr. Van Bibber, of this city, saw and examined the case with me. We found the fistulous orifice surrounded by granulations, which, in a measure, impeded the discharge. The pus which was daily discharged was of ordinary consistence and appearance, but was fetid.

We inserted with care an ordinary probe, which, to our surprise, sank by its own weight, apparently through a fluid, into the cavity of the cranium fully two and a half inches, when it encountered the membranes of the brain. By exploring with the instrument cautiously, in different directions, we ascertained the existence of a hemispheroidal cavity within the cranium, almost coextensive with the parietal bone.

On withdrawing the instrument, we found it covered with fetid pus. The opening in the cranium was smaller than a quill, and was obstructed by granulations investing its canal. The efforts of nature to restore the normal condition of the parts were defeated by the inadequacy of the discharge, and the occasional aggravation of symptoms was attributable to the increase of the granulations, which obstructed the flow.

I immediately advised, Dr. Van Bibber concurring, that the crown of a trephine should be applied, and a button of bone be removed from the cranium.

With the aid of Dr. V., I immediately applied a trephine about seven-eighths of an inch in diameter. The progress of the section was slow and difficult the bone being found of ivory hardness, much thicker than common, and of unequal thickness in various parts of its circumference. We proceeded, however, without much hesitation, knowing that the membranes were far removed from the inner surface. At length the button was prized out, and there immediately issued some three ounces of fetid pus.

We feared some disturbance of the cerebral functions from the sudden removal of such pressure from that organ, but nothing notable resulted. We applied light dressings, so as to allow the discharge to flow without impediment.

No morbid phenomena of any kind resulted. By inspection and by the probe it was ascertained that the dura-mater was slowly rising and the cavity being obliterated. He left us in some ten days after the operation.

I saw the patient last summer on his journey to the Episcopal Convention. He had entirely recovered.

Therapeutic Power of Oxygen Gas.

T. D. Crothers, M. D., of Albany, has the following article in the *Buffalo Medical Journal:*

Oxygen has been used as a remedy, *in disease*, over a century. The difficulty of separating it from air, and using it at the bed-side of a patient, with its cost, have been obstacles preventing its introduction into general practice. Now, by the process of "Lessis du Motay," immense quantities can be procured, and sent to all parts of the country at trifling cost, in compressed cylinders. The phenomena of life is kept up by nutrition, and absorbtion of oxygen gas from the air. Oxygen sustains the most intimate relation to life. All other elements may be withdrawn and life will continue for a time; but, if oxygen is withheld, death follows. The secretion and excretion of every atom in the body depends upon the pressure of oxygen. The chemical action of oxygen, on the elements of food, is the ultimate cause of all vitality. Oxygen, and all the elements of food, are taken into the body through the channel of the blood. This fluid not only carries oxygen to the ultimate parts of the body, but is renewed by it, and depends upon it for force and power. When we give iron it is to increase the absorbing power of the blood for oxygen. The true tonic is oxygen. When iron is given fresh air must be increased, or the remedy will fail. A condition of health depends more on the amount

of oxygen absorbed than upon nutrition. The absorbing power of the blood may be impaired. Here Dr. SMITH, of New York, suggests that, "a deficient absorbing power may be supplemented by an increased supply of the material absorbed." And this explains some of the remarkable results from oxygen, especially phthisis. Where the disease is both of the respiration and nutrition of the body, here oxygen not only aids the blood in bringing material to be built up, but supplies the building up power, and lessens the increased action of the lungs to supply this want from the atmosphere. Experience does not confirm the theory that oxygen gas, in contact with inflamed and ulcerated surfaces, will increase inflammatory action. Dr. A. H. Smith, of New York, the highest authority on this subject, has recently given 1,100 gallons of pure oxygen gas in 48 hours with no ill effects. The pulse, after inhaling oxygen, becomes steady and regular, often increased in frequency a few beats. The temperature decreases or remains the same. Oxygen is applicable, says Dr. Smith, to two class of diseases—one in which respiration is at fault, and the other in which both respiration and nutrition are defective.

Under the first class are included Asthma, Emphysema, Croup, Diphtheria, Capillary Bronchitis, Pneumonia, Poisoning by Opium. Astonishing cures have followed its administration in each of these diseases. In asthma the paroxysms will be relieved, and a cure will follow in a very large per cent. of all cases. In capillary bronchitis and emphysema, its effects may be depended upon. In pneumonia of a typhoid type, the results are very gratifying, (if carefully used by judicious men). In a low grade of fever, with anæmia, no remedy will act so promptly. In one case of my own, convalescence was established on the fourth day after the administration began. In a severe case of asthma, which had resisted all medication for years, complete relief followed after two inhalations of 6 gallons each. In dyspnœa it is almost a specific; and if of no value in any other disease, its value here would establish it as indispensable.

In the second class of diseases, in which both respiration and nutrition are defective, phthisis stands first. In this disease oxygen is the most valuable remedy we possess. It has been used more in this disease than any other, with results exceeding all expectation. One case under my care, the patient gained fourteen pounds in fifty days, with a rapid convalescence, which are strong indications of a complete cure.

True Chemical Antiseptics.

The *Druggists' Circular* says: Phenic acid acts, says M. DUMAS at a meeting of the French Académie, Sept. 12, in a double way, viz., by arresting the decomposition of albuminous and other organic compounds, in a manner somewhat analogous to tannin; and secondly, by killing organic, as well as organized, germs and sporules of all sorts—and thus acts as antiseptic. The speaker advocates the simultaneous application of chlorine (fumigations) and of carbolic acid. M. CHEVREUL spoke at length on the difference or mode of action of various antiseptics and disinfectants, calling, first, attention to the fact that sulphurous acid and sulphuretted hydrogen, when mixed together and decomposing each other, are mutually disinfectants; that hydrochloric acid and ammonia are in a somewhat similar relation to each other; that charcoal acts as antiseptic in a different manner—viz., by its capillary action; while the action of carbolic acid is chiefly confined to the material source of bad smell, but not to the bad smell actually itself. The speaker next entered into a series of details of researches made by him as far back as the year 1809, on the action of tannin and tanning materials, and on the peculiar action exerted upon animal matters even by such substances as chloride of iridium, bichloride of mercury, chlorine-water, salts of alumina, glucina, and others, all of which possess, in a greater or less degree, astringent taste and a peculiar property of combining with animal matters, and, as a consequence thereof, acting as antiseptics and antimiasmatics.

Reviews and Book Notices.

NOTES ON BOOKS.

The first and second volume of the *American Practitioner* are now complete, and can be ordered very neatly bound in cloth from the publishers, John P. Morton & Co., Louisville, Ky. They form as handsome a set as any published in this country, and the value of their contents equals the taste of their manufacture.

Dr. EDWARD S. DUNSTER, the editor of the New York *Medical Journal*, delivered an excellent address some time ago, at the commencement of the medical department of the University of Vermont, on the relations of the medical profession to modern education. The well-known ability of the author is fully exemplified in this address, and it will be found pleasant and instructive reading. It is published by Appleton & Co., New York.

Messrs. Trübner & Co. announce the publication, in a separate form, of the four following essays, originally contributed by Dr. Robt. Bird, of the Bengal Army, to the "Indian Annals of Medicine," etc.:—Drink Craving; Differences in Men; Idiosyncrasy; On the Origin of Disease.

MEDICAL AND SURGICAL REPORTER.

PHILADELPHIA, JANUARY 14, 1871.

S. W. BUTLER, M. D., D. G. BRINTON, M. D., Editors.

☞ Medical Society and Clinical Reports, Notes and Observations, Foreign and Domestic Correspondence, News, etc., etc., of general medical interest, are respectfully solicited.

Articles of special importance, such especially as require original experimental research, analysis, or observation, will be liberally paid for.

☞ To insure publication, articles must be *practical, brief* as possible to do justice to the subject, and *carefully prepared*, so as to require little revision.

We particularly value the practical experience of country practitioners, many of whom possess a fund of information that rightfully belongs to the profession.

The Proprietor and Editors disclaim all responsibility for statements made over the names of correspondents.

TO OLD SUBSCRIBERS

Who forward their subscription to Jan. 1st, 1872, *strictly in advance*, we will send one number of the HALF-YEARLY COMPENDIUM OF MEDICAL SCIENCE, or a full-length steel engraved portrait of Professor S. D. GROSS (in 4to. for framing).

Those who have already paid for 1871 *will please notify us of their wishes.* (In connection with this offer notice **No. 2**, on the second page of cover.)

GREETING!

The subscriptions of a large proportion of our subscribers are due from the first of January. If they are all *promptly paid* it will be *greatly* to the advantage of all interested in sustaining a good medical journal, as it will give us the means for continued improvement.

See the notice to subscribers on second page of cover.

Special Notice!

☞ Subscribers are particularly requested to scrutinize closely the acknowledgements of money received, on second page of cover, and inform us if they have made remittances that have not been acknowledged there or otherwise.

There are a great many whose names *ought to be* in that list. Will they give us the opportunity, right speedily, of putting them there?

THE REFUSE OF CITIES.

One of the most interesting questions with reference to State Medicine is that connected with the refuse of large cities. The material thus accumulated is prolific generally of disease, expense, and public injury. Yet by proper management all the noxious qualities it possesses can be removed from it, and it can be made a source of actual revenue, and of real value to the community.

Many plans have been suggested by which this much desired end should be accomplished. We have recently been interested in reading the description of that proposed by Captain Charles T. Liernur, of the Dutch service. It is detailed in a pamphlet of sixty odd pages published in English, entitled "The Pneumatic Sewage System, treated with reference to public health, agriculture and national economy, by Dr. G. Zehfuss." The translation is by Dr. F. Coar, "of Philadelphia, Pennsylvania." The pamphlet is illustrated with an engraving of Captain Liernur's apparatus. This consists in brief of a large air pump worked by steam power, which is connected with a series of pipes passing through the streets of the city, which receive the fecal and other waste matter.

The various products are rendered thoroughly homogeneous by being passed between wheels, and are then deodorized, after which they are ready for sale to agriculturists. Actual experiment in some towns of moderate size have demonstrated the practicability of this apparatus, and if it will work as well on a large scale we hope it will be generally introduced in large cities.

There are many facts embraced in the pamphlet which illustrate the necessity of some such arrangement as this from a number of points of view. The agriculturist may learn that to him the refuse of each individual which is wasted in cloacæ has a net commercial value of about two dollars a year—in other words that the cloacæ of this city should bring a million and a half dollars a year instead of being an actual and heavy expense as it now is.

The positive injury to public health is set forth by a number of well substantiated statements. While the cleanliness, comfort, and beauty of a city are too dependent upon its drainage to require much comment.

We hope the subject will receive attention at the hands of our municipal authorities, and some of the many methods recommended be adopted and tested.

Notes and Comments.

Philadelphia Items

In consequence of long continued ill-health, Dr. EDW. RHOADS has resigned his position as Visiting Physician to the Philadelphia Hospital. Dr. H. C. WOOD, Jr., was elected in his place, and has resigned his position as Visiting Physician to the Episcopal Hospital.

In consequence of the largely increased amount of clinical material, Dr. J. E. GARRETSON will hereafter hold his service at the University of Pennsylvania on Wednesday and Saturday at 1½ P. M., instead of on Monday as heretofore.

New York Items.

The New York Academy of Medicine have elected the following officers for the ensuing year:

President—Ed. R. Peaslee.
Vice President—A. Flint, Sr.
Recording Secretary—Wm. T. White.
Corresponding Secretary—J. G. Adams.
Treasurer—J. O. Pond.
Trustee—A. Underhill.
Committee on Ethics—G. M. Smith.
Committee on Med. Education—Alonzo Clark.
Committee on Admissions—J. H. Hinton.

Radical Cure for Colic.

A correspondent of a newspaper exchange gives the following item. If Dr. WESTFALL performed such an operation he should report it with the results, favorable or unfavorable:

Dr. B. R. Westfall, of Macomb, Ill., had a patient, a Mrs. H., living eight miles from Macomb, who had been for several years previous to September, 1867, subject to terrible attacks of bilious colic. On account of the distance and their severity, the doctor had taught her to treat them herself. But on September 17th, 1867, being suddenly summoned, and thinking to relieve rather than save her, he made an incision and cut out about five and a-half inches of intestine and brought the cut ends together so that they grew together. The wound healed in about four months, and her recovery was perfect. Her health is now good, she does the housework for a large family, and she has never had another attack of colic.

Busy.

We are as "busy as a bee in a tar-barrel," and hope to be kept so a long time. Meanwhile, correspondents must bear with us a little. Their commissions and requests will be attended to as rapidly as possible. Don't be backward about asking for information—only, *don't forget the postage stamps!*

We have lately received, and are sending off as fast as we can subscriptions to the following journals, magazines, etc., much to the advantage of our subscribers:

The Gynæcological Journal, Journal of Chemistry. The Medical and Surgical Journal, Atlantic Monthly, Our Young Folks, and Littell's Living Age, all of Boston. The Lancet, (republication), N. Y. Medical Journal, Medical Record, Medical Gazette, Practitioner (Anstie's), Journal of Obstetrics, Druggists' Circular, Braithwaite's Retrospect, Journal of Syphilography, Psychological Journal, Harper's Monthly, Weekly and Bazar, Scribner's Monthly, Galaxy, American Agriculturist, Hearth and Home, Journal Materia Medica, all of New York. American Journal of Medical Sciences, Medical News, Ranking's Abstract, Godey's Lady's Book, of Philadelphia. The N. O. Medical Journal, The American Practitioner, The Chicago Medical Journal, Demorest's Monthly.

Correspondence.

DOMESTIC.

Hydrate of Chloral in Neuralgia.

EDS. MED. AND SURG. REPORTER:

If you deem the following case worthy a place in your valuable journal, you may insert it:

December 9, 1870, Mr. S——, æt. about 33, came into my office, complaining of neuralgia in the right side of head and face. He said the pain had been incessant for about three days and nights, so that he could not sleep. I asked why he did not take morphia, to which he replied that he could not on account of the alarming depression with colic, nausea and vomiting, which it produced. He had taken about grs. xxx. quinine, and a half pint whisky, the last three or four hours without any relief, and wished me to give something to make him sleep.

I immediately gave him hydrate chloral grs. xx. and he sat down by the fire for half an hour without relief. I then gave him grs. xx. more of the chloral and instructed him to lie down and be *perfectly still* for a few minutes, which he did, and in twenty minutes was sleeping soundly, and breathing stertorously, as if under the influence of chloroform, with pulse 75 or 80, and full. After he had slept two and a half hours his pulse had sunk to 58 or 60, and was quite soft. At the end of five hours he awoke free from pain, though somewhat prostrated, and so far as known has had no return of the neuralgia.

In this case and several others of like character, and one of delirium tremens, the chloral has acted almost like a charm. I consider it one of our best hypnotics, and most applicable where morphia is inadmissable. F. M. O'DANIEL, M. D.

Rutherford, Tenn., Dec. 20, 1870.

News and Miscellany.

Punishment of Seamen.

Since the abolition of flogging in the national and merchant navies of the United States, it is asserted that the captains have exercised their ingenuity in inventing various substitutes, which though not considered so degrading as the cat, yet are intensely agonizing, and frequently leave the offending sailor a cripple for life. It is stated that the chief officer of one of our national ships is accused of having ordered the hands of a sailor to be tied behind him, and the man then to be suspended by his manacled wrists until his arms were wrenched backward from their sockets. Similar cruelties are reported to have been practised on board another national vessel, and it is contended that in a matter so seriously affecting the welfare of our naval service, the Secretary of the Navy should order a full investigation. In New York City a legal investigation is now being conducted in reference to cruel punishments on board two merchant ships, and it is argued that the deterioration of seamen in the United States, so often lamented, can hardly be a matter of wonder if such be the general method of enforcing discipline.

Medical Superstition.

In England, recently, the corpse of a drowned man having been brought to land, a woman brought to the spot her son, afflicted with wens upon the neck. She obtained of the Coroner permission that the boy should draw his hand seven times across the neck of the deceased. This, if foolish, was at least harmless. Another recent instance of folly with disastrous results is recorded. A man had died of typhoid fever. A boy afflicted with wens was brought to the side of the body, and the dead hand was placed upon his neck. He took the disease in consequence, and the malady was communicated to the family and spread through the whole neighborhood. The disease was of a violent type, and many deaths followed. Such things, in the nineteenth century, seem incredible, but this occurrence is vouched for, and no doubt took place.

To Prepare Pure Oxygen.

Prof. Boettger states that when a mixture is made of equal weights of the peroxide of lead and barium, and dilute nitric acid of a strength of nine degrees Baumé is poured thereon, a current of pure oxygen gas, free from ozone and antozone, is given off abundantly. This mixture of the two peroxides may be kept dry in a stoppered bottle for any length of time.

Queries and Replies.

Priced Catalogues.

We receive a great many inquiries for priced catalogues of books and surgical instruments. This can only be responded to by sending the catalogues of several houses. It is our purpose during this year to prepare a much needed manual for physicians, which will include priced catalogues of books and instruments, as well as much other valuable matter.

Surgical Instruments.

The attention of our large constituency in the West is called to the card of Mr. Autenreith, surgical instrument maker, of Cincinnati, who we are assured by unbiassed parties can be relied upon to furnish good instruments. Any orders sent to us for Mr. Autenreith will reach him.

Dr. E. J. H., Vt. There is no such publication in New York as the Medical Independent and Pharmaceutical Reporter. There is a Quarterly, the Physician and Pharmaceutist, published by Reed, Carnrick & Andrus, 122 Liberty street.

Dr. W. C. M., Fla. A new edition of the U. S. Dispensatory was published in 1870. The price is $10. We can send it.

Words of Encouragement.

Dr. J. H. S., Texas, writes—"I am delighted with the Compendium. It gives a complete resumé of medical discovery and progress in a very small compass. The profession is greatly indebted to you for your industry and intelligence in its compilation."

Dr. J. T., Michigan, writes—"I am glad to see the evidences of success as evinced in the greatly improved and improving quality of your journal. Philadelphia early became the leader in medical enterprise in this country, and though New York and Boston, as well as many of our interior cities, are making earnest efforts to cope with her in this regard, yet she is, it must be conceded, the great emporium of medical and surgical science on the American Continent, and likely to remain so. Success to you I say so long as you deserve it. When you do not you will take the second place and perhaps the third, but you are in no danger of doing either so long as you maintain your present devotion and enterprise."

Dr. F. M. F., Texas, writes—"I can not close this note without complimenting your journal, for I believe it the best medical journal in the United States, and cheapest in the world. I would not exchange it for all the journals in the country."

Married.

Jenkins—Van Wagenen. At Fulton, N. Y., at the residence of the bride's father, December 29th, 1870, Geo. F. Jenkins, M. D., of Keokuk, Iowa, and Lottie Van Wagenen, of Fulton, N. Y.

McLean—Mortley. By Rev. John Kelley, December 14th, in McConnellsville, O., at the residence of the bride's father, Dr. Porter C. McLean, of Fairview, West Va., and Miss Mary E. Mortley, of McConnellsville, O. Also at the same time and place, Mr. William W. Pyle, of Zanesville, O., editor and proprietor of the Zanesville City *Times*, and Miss Kate S. Mortley, of McConnellsville, O.

Schenck—Kisterbock. December 22nd, by Rev. Dr. E. E. Adams, Dr. Joseph H. Schenck, Jr., and Tillie G. Kisterbock, both of this city.

Died.

Barton.—In this city, January 1, Dr. J. Rhea Barton, in the 79th year of his age.

Dilworth.—First month, 5th, of consumption, Joseph B. Dilworth, M. D. in the 45th year of his age.

Fuller.—December 11, 1870, Dr. J. M. Fuller, formerly of Cincinnati, Ohio, in the 78th year of his age.

Robertson.—On the 30th ult., at the residence of his sister, East Washington, D. C., of pneumonia, Dr. John H. Robertson, late of Charles county, Md., aged 51 years.

Rowell.—Dr. Isaac Rowell, a California pioneer, and a Professor in the Pacific Medical College, died of apoplexy, Jan. 5th, in San Francisco. He was 53 years of age, and a native of Maine.

THE
MEDICAL AND SURGICAL REPORTER.

No. 725.] PHILADELPHIA, JANUARY 21, 1871. [Vol. XXIV.—No 3.

Original Department.

Communications.

EXCESSIVE SECRETION OF LIQUOR AMNII—MOTHERS' MARKS—MONSTROSITIES—REVIEWERS REVIEWED.

By O. A. Battson, M. D.

Claremont, Ill.

Another opportunity has lately been presented, of witnessing a case of excessive secretion of the liquor amnii, and of observing its effects on the fetus. This subject has been ably and exhaustingly reviewed by a writer, in Missouri, Dr. Chesney, in some "remarks on dropsy of the amnion," as published in No. 718 of the Medical and Surgical Reporter, December 3d, 1870.

I was called November 21st, to visit Mrs. E——, in labor with her sixth child. She had been in pain for twenty-four hours, and neither herself nor her attendants exactly comprehending the situation, I was sent for. Her abdomen was so very large, even as she laid in her bed, that I could not fail to notice it. The os was largely dilated, and the head, with some difficulty, was found high in the pelvis, resting on the arch of the pubis. The pains were now quite feeble. There was no unusual tenderness of the abdomen on pressure. I at once gave her the ergot and ruptured the membranes, and then by raising the head, or rather by keeping it up, at least a gallon of water was allowed to escape, a much larger quantity than I had ever before observed. As soon as the cyst was emptied the pains grew stronger, and in about half an hour a fine, large well developed ten-pounder of the "genus homo" was safely delivered; but as I had anticipated, in an alarming state of asphyxia, having found that in all such cases this suspended animation was a certain result. Although I had previously ordered cold water, and facilities for the warm bath to be in readiness as contingents, I happily succeeded, by the additional aid of insufflation, in the course of twenty minutes, in its complete resuscitation. I then divided the cord, and passed my pathological "specimen" over to the wash woman.

If Dr. Chesney desires us to accept his "anemic theory" of dropsy of the amnion, as developed in his review, then I must insist on urging that my patient was a quick, active, healthy woman, and that no such anemic condition could be observed. Besides, if the hypothesis be true, that anemia has anything to do with this dropsical accumulation, then I must be allowed to inquire why all anemic pregnant women are not affected with dropsy of the amnion? But in addition to this, there is also a fatal *negative* objection to the theory of amniotic dropsy. There is no doubt, in the mind of any practitioner, that the pregnancies of countless numbers of pale, anemic, women are complicated with abdominal and other dropsies. Still, but few obstetrical practitioners have ever met with a case of dropsy of the amnion, which certainly is the very best proof that it observes no law governing or producing other dropsies, whether occurring in male or female. As we go on, this will be fully demonstrated by the peculiar anatomical characters of the amniotic membrane. I have been in attendance, perhaps, in quite a hundred labors, complicated with some form of extra-uterine dropsy, yet have never met with but a single case of dropsy of the amnion and even that one was entirely free from any complications in other organs; and occurring also in a lady entirely devoid of the slightest suspicion of anemia. I made up

my mind then, if I ever met with another case of even excessive secretion, I would certainly not neglect the opportunity of carefully inspecting the secundines.

Accordingly, after giving my patient some more ergot, for the arrest of an ugly hemorrhage, I next proceeded, as soon as she was all right again, to institute a very careful inspection of the membranes, as well as of the placenta itself; and this time with the aid of an abscess lancet I happened to have with me. Nothing abnormal; no pathological condition was observed to exist, either in the placenta or membranes. According to the theory I have maintained in my published paper, this autopsy distinctly proved that the unusual quantity of water could be accounted for in no other way than by assuming it to be an excess of the normal secretion. I never have claimed that a mere excess of this normal secretion constituted a dropsy of the amnion; but have on the contrary, explicitly stated, in substance, that I regarded the amniotic membrane a secreting surface, and that its secretion is not, as it has been supposed, an exhalation or phenomenon of endosmosis; but a vital secretion, eliminated in precisely the same way that the pleura or peritoneum, affords its lubricating fluid; and that in no case ought it to be considered a dropsy of the amnion, unless, indeed, a mere collection of water might be so defined. The excess of this secretion is quite a common occurrence, and I have, myself, seen numerous instances of such excess in lying-in women. If this be a secretion then, I can discern no reason why it may not be vitiated, or in excess, from some error of nutrition, as may and often does occur in the secretions of the liver, kidneys and other glands. But not only so, every medical scholar, of ordinary attainments, sufficiently understands that all secretions, whether of organs or surfaces, as the pleura, peritoneum, cartilage, etc., are directly dependent upon the healthy conduct of nutrition; and that any error or abnormal departure therefrom, of whatever kind or degree, must directly alter or impress, diminish or increase their volume, vitiate their elements; and that too, independently of any such pathological condition, as *imflammation*. Secretion being a physiological process—entirely an independent vital action—though impressed from extraneous influences—must derive its character from the blood from which it is eliminated, and in certain cases of lesions of the general circulation, as an anemia or serous blood. We are likely to have an excessive quantity of the normal secretion—usually called a dropsy.

I certainly have no kind of objection to Dr. Chesney's pathology of this kind of dropsy; for every office student understands that a healthy balance between exhalation and absorption must be preserved, else we shall have an excessive accumulation of serum. But, whenever he attempts to stand alone, and thread the mazes of pathological science, the Doctor evidently looses his balance. He says: "When serous membranes (and the amnion also if we keep to the analogy) become inflamed, and effusion of moderate quantity occurs, as a consequence, the liquid is absorbed—often with astonishing rapidity, directly the inflammation subsides. It may be said in reply that the vascularity favored the secretion of an extra quantity of serum even after the inflammation had passed away; but it may be asked in reply, does not vascularity favor absorption also, thus in health assisting to repair the very mischief wrought by it in disease?" But all enlightened physiologists differ from the Doctor's pathology of dropsy! The experiments of MAGENDIE have absolutely proven that the vascularity of inflammation retards or entirely prevents the process of absorption. This process is performed by an entirely different set of vessels. How the vascularity of inflammation can first produce a dropsy, and then, the vascularity still continuing, effect its absorption, or how, the vascularity having passed away, can be said to add still further to the extra quantity of serum, or increase the volume of a dropsy, I am quite unable to comprehend. That the vascularity having once produced such an accumulation, may, after it has entirely passed away, indirectly favor its absorption, by allowing the absorbent vessels of the structure concerned to exercise their accustomed office, I can very readily understand. And this is the very reason, why we all resort to the antiphlogistic regimen, sometimes even to blood letting, to subdue the vascularity or inflammation, by which means we allow the absorbents to resume their suspended function and remove the dropsied effusion. Vascular absorption—venous or arterial, has long since been forgotten, and cast among the *debris* of a false pathology.

All anatomists agree that no vessels of any kind, blood vessels or absorbents, are to be found in its structure. If that be so, I will only ask, how it is possible for a dropsy of the amnion ever to become removed? I am much inclined to think that much may yet be learned of the nature and pathology of dropsy of the amnion, from what is known to occur in some forms of dropsy of the ovary. I know that one form of ovarian dropsy consists in a morbid and unnatural distension of the ovarian vesicle, and that such a dropsy never is, or can be removed by the process of absorption. All authors, I believe, who have written on this disease, regard any kind of medication as utterly futile and contrary to the dictates of common sense and reason. The only possible use of treatment is, after an early diagnosis has been made out, to prevent the formation, or full development of the disease. The ovarian vesicle, of course, contains the rudimentary amnion. I have already stated, in my original paper, how a premature development of this membrane was affected. I said, in effect, that a persistent continuation of the orgasm induced at regular periods, further increased by the congress of the sexes, would prove a nervo-vascular stimulus to a premature cell displacement, thereby affecting a too early organization of the granular liquid investing the ovule. I cannot regard this as merely speculative, for the amnion is certainly so formed. This view of the case is also greatly strengthened by what is known to occur in cases of extra-uterine pregnancies. CAZEAUX enumerates as many as ten varieties of this abnormal pregnancy, and distinctly says, that the chorion and amnion accompany the ovule. Whether the amnion is found in the uterus or the cavity of the peritoneum, I must regard it here, as I have in the original article, subject to attacks of inflammation. Of ovarian dropsy being the analogue of dropsy of the amnion, I am very well convinced. Nor have I any kind of doubt that a certain form of dropsy of the ovary is nothing else than an abortive attempt at fecundation; as numerous examples of dropsy of the ovary have been reported, which contained, curious as it may seem, what have been regarded as fœtal debris. Nor have I yet, any kind of doubt, that in the case of unimpregnated females, the periodical orgasm referred to, is the direct cause of this dropsy of the ovary, for the very reason, that even in them, such debris have been found in dropsy of the ovary. This whole subject, it appears to me, is in every way worthy the attention of the medical profession.

I have stated that the child, in the case I am now reporting, although born living, was nevertheless found in an alarming state of asphyxia. This will always be found to be the case in every instance of excessive quantity of the liquor amnii. The explanation too, of this suspended animation of the new born is sufficiently easy of comprehension, and is doubtless due to the effects of pressure upon the placenta and umbilical cord, as well as to that made upon the whole periphery of the fetus, thus retarding the circulation of the fetal or utero-placental blood. The pressure of a large volume of water upon the fetal capillaries must also obstruct the absorption of a peculiar *vivifying* gas, spoken of by obstetrical writers so necessary to the arterialization of the fetal blood, and without which its respiration must cease. I said in my original report that I had seen a club-foot and also a spina bifida, evidently resulting from an excessive secretion of the liquor amnii. But since the publication of my article, on further reflection, I am now convinced that I was in error. And now, in order that truth may be arrived at, and also for the further purpose of preventing others from first pointing out my error, I propose to become my own reviewer. In the two cases mentioned in the published paper, I did not have the foresight to examine either the placenta or the fetal membranes, and believe now that both the deformity and the arrest were directly due to some change in the structure of the placenta. But a suspended state of animation is not the only result that may ensue, for the volume of water may be so large, and the pressure made by it so great, that the *death* of the child may be the result.

MOTHERS' MARKS.

As directly bearing on this subject of intra-uterine nutrition, or arrest of fetal development, I must confess to the utmost surprise, that so many contributors to the REPORTER are detailing instances of very decided aberration of nutrition under the head of mothers' marks. That peculiar condition of a mother's, or rather an expected mother's mind—usually called longing—is the only possible cause of these singular appearances known as mothers' marks. I have heard so many mothers account for these strange appearances as of

mulberries, raspberries, strawberries and the like, I hardly think any other solution could be offered. The editor of the REPORTER has himself said all that perhaps could be well said on this mysterious subject as connected with embryology. Certain impressions on the mother's mind—as prolonged grief—may seriously interfere with the regular nutrition of the fetus, by first endangering her own. Every practitioner knows that sudden and startling impressions may compromise the continuance of the gestation. But, there are certain congenital marks or appearances, as *mole*, *nævus*, and many other kinds, that can only be accounted for by some error of the fetal nutrition, and must be classed as diseases of the skin of the child. I have myself seen irregular blotches on the face and shoulders of the new born, that were evidently caused by capillary hemorrhage. I once saw a congenital tumor on the chin of a boy, fleshy, knotty and non-malignant, fully as large as a good sized walnut, which could not be traced by the mother to any known cause.

But, perhaps, the most astounding mother's mark on record is that reported by Dr. NEWPHER, of Reading, Pa. The fingers of the left hand of a new born child were missing; the amputation occurring at the metacarpophalangeal articulations. This lady was only told by a neighbor woman that a little girl had met with an accident, losing the fingers of the left hand, and, of course, when she went to bed she gave birth to a child having its fingers amputated, exactly resembling, flaps and all, the hand of the little girl. Dr. Newpher now knows it to be a mother's mark, because he took the trouble to compare it with the original. All that will be necessary, hereafter, for a pregnant woman to give birth to some species of deformity or monstrosity, is for an incautious gossip to pour into her ear an account of some horrible accident occurring miles away; or perchance, the patient herself picking up the family newspaper, and noticing an account of some similar accident, or reading an account of the last great battle in Europe, suddenly feels sick, but soon gets better, and in a month or so afterward her very worst fears are realized, and her child is born a living deformity! Of course, no such superstitious folly can ever be believed! Dr. LEAVENWORTH, of New Haven, Conn., has also reported his bottle mark! But, I am much disposed to think the uterine disease, for which the lady had been treated, was the actual cause of the defect in the eye of the child. I cannot, therefore, regard such instances as the foregoing, as mothers' marks. All such aberrations must be referred to some defective process of the regular nutrition of the product of conception, independently of any mental or moral impressions that may happen to be made on the mind of the mother.

MONSTROSITIES.

This department of obstetrical science—morbid embryology—has, as yet, not received that full share of attention its importance demands. All obstetrical authors, with whose writings I am conversant, give it a mere passing notice, without attempting to offer any solution of the *modus operandi* by which these morbid specimens of fetal development are produced. The elements of fetal nutrition are derived from the blood of the mother, and are eliminated therefrom by the intervention of certain organs appropriated for that purpose, namely, the placenta, umbilical cord, and the fetal membranes. These are the secreting organs, so to speak, appointed to prepare, and transmit to the *ovum* the nutritive material designed for its growth and development. If then, any one, or all these organs become from any cause diseased, or fail to perform the duties assigned them, the inevitable result must be either the death of the fetus, or an arrest of its proper development. Doubtless, the remote cause or causes of these morbid products of conception are to be found in most, if not all cases, in the circulation of the mother.

This being true, it will still be asked, how it is possible to account for such an endless variety of deformities and monstrosities as are continually met with. The solution is not as difficult, perhaps, as we might be led at first to suppose. The remote cause, or causes, referred to, may doubtless begin their deleterious impressions upon the development of the embryo, before it has formed any direct connection with the mother's structures. In this early period of the gestation, the morbid product will certainly be a shapeless, unorganized mass, usually called a *false* conception. Every practitioner of any considerable experience has, perhaps, not failed to meet, in very early abortions, just such specimens of abnormal conceptions.

In order to simplify still further this study

of morbid embryology, or abnormal embryonic development, it is only necessary to remember that the ovum arrives at maturity by a series of successive developments. If now, during one of these periods of development, some disease or morbid pathological condition, as inflammation, seize upon the uterus, or any one, or all the organs destined for the elimination of the nutritive material imbibed by the ovum, the morbid result will be impressed upon the particular organ or member in process of development. Thus, if the pathological condition arise during the earliest stages of embryonic development, the product of conception will be ancephalous, bicephalous; or will exhibit some form of arrest in the cranial bones. If the morbid condition arise at a later period, we shall have, perhaps, some abnormal condition of the heart or large vessels of the fetus. A still later period of the development will perhaps result in supernumerary development of fingers and toes, or as likely, an entire absence of one or both extremeties. Dr. Newpher's case of "amputation" was performed during this period of fetal development.

Dr. Hackedorn's bicephalic monstrosity, perhaps, occupied two or more of these cycles of fetal development. I do not know that the doctor considers his "latest great medical curiosity," a mother's mark; but the lady herself, very correctly, gives the cause of her accident, when she states that she received a fall in the second month of her pregnancy. By reason of that fall, metritis or placentitis, perhaps both, was the direct casuse of the bicephalic monstrosity, which the doctor should, by all means, have called the "Cardington Siams."

But, this important subject will admit of no further investigation in a paper like this. Enough, however, has been said to arrest the attention of the profession, and invite to a further prosecution of this enigma of obstetrical science. On account of the hasty conclusions Dr. Chesney has drawn from my article, on Dropsy of the Amnion, I have felt compelled, as a matter of justice to myself and the profession, to notice the errors into which he has fallen. If I have reviewed the review with apparent severity, yet I have written in kindness, in the confident hope that truth may be promoted and error dispelled.

Hospital Reports.

University of Pennsylvania.

Surgical Service of Prof. Agnew.

[Reported by De F. Willard, M. D.]

Chronic Eczema.

Gentlemen I have first to present the man now before you, who says he has been affected with his present difficulty for a period of seven months.

As I expose his legs you see that they present a red, angry appearance, from the middle of the thigh to the foot—you will notice that the skin is dry and hard—that it is covered in certain places with abundant scales, while in other positions the epiderm is entirely absent, giving it a glazed, varnished appearance; that above the knee these scales are so large that they present almost the appearance of icthyosis, while upon the leg there are spots which closely resemble psoriasis; that there are cracks and fissures extending a considerable distance into this indurated skin, and that there are various irregular markings upon it, inflicted doubtless by the patient by reason of the intolerable itching. Now, looking at these various conditions for the first time, you would certainly be perplexed, for it would seem that here were several eruptions appearing simultaneously; yet upon close examination at the points where the eruption is recent you will find that it consists of minute vesicles or blisters, which are developed at the orifices of the cutaneous follicles, and which being small and closely set together soon rupture and their contents concrete into crusts. The contents of these vesicles originally consisted of lymph thus differing from a pustule, and though generally looking like water blisters when fresh, yet the lymph itself might be opaque, and a scab or scurf would be the result. This then is evidently a chronic condition of eczema which you will often hear called "chronic erysipelas," a name totally inappropriate, since these vesicles are always minute. Eczema in its simple or initial stage consists of numerous fine vesicles which rupturing allow the formation of a dry crust. When passing into a chronic stage this crust falls and leaves the skin cracked, excoriated, red and swollen as here seen.

It is often a difficult complaint to cure, but we will try the effect of various constitutional and local remedies.

In the first place, all obstructions should be removed by a careful attention to his general health. His bowels should be kept freely open; the digestion improved, and in fact every function and organ placed in proper working condition. Internally, we will prescribe syr. ferri iodid. gtt. xv., three times in the twenty-four hours. An infusion of cascarilla bark will make an excellent sto-

machic. Locally, we will first have them twice each day thoroughly bathed in bran-water, and then washed with juniper tar soap, to be followed by a liberal application of tar ointment, with ʒj. of calomel incorporated in each ounce.

Another excellent remedy and one with which I have often succeeded is hydr. chlo. mitis ʒiss., cretæ precip. ʒj.—the powder being *thoroughly* rubbed into the unhealthy skin.

Urethral Calculus. Lithotomy.

I have now to bring before you another "stone case."

[Two additional cases have been operated upon since those noted in the REPORTER of Dec. 17th; one of the stones being of large size, and the other of considerable bulk. Both consisted of uric acid, and were extracted by the ordinary lateral operation. None of the five cases have had a single untoward symptom.—DE F. W.]

This little boy, seven years of age, has been suffering for some months with the train of symptoms which I delineated to you when speaking of calculus at our previous clinic, (Vide REPORTER Dec. 17th, 1870,) *i. e.*, frequent desire to pass water; sudden stoppage of the current, relieved sometimes by change of position; pain and irritation at the end of the penis; frequent desire to empty the bowel, and the presence of ropy mucus in the urine. A few weeks since the symptoms became most marked, and after a severe "fit of the stone," he suffered from retention of the urine for several hours, which was finally relieved however by hot fomentations and anodyne suppositories. Since that time there has been more difficulty in passing water, but not so frequent arrests of the current.

This boy was brought to me some two weeks since, and recognizing the ordinary symptoms of vesical irritation, I immediately passed a steel sound into his bladder but could detect no stone, and you will remember how I endeavored to find it in your presence, but failed at first. As I withdrew the sound, however, I felt the point pass over some hard object in the prostatic portion of the urethra.

This I decided to be the stone which had slipped into the canal and had made a lodgment in this portion, and our incision to-day will prove the correctness or falsity of my statement. I have since repeatedly, but unsuccessfully, endeavored either to push this body back into the bladder, or by hooking over it the point of an instrument, bring it forward out of the meatus, for this is the method which is best to be pursued when a stone has lodged in the urethra, and I have often succeeded in thus extracting them. As this procedure will not dislodge the calculus in the present case, we are, therefore, obliged to perform the ordinary operation for lithotomy, making the incision upon the left of the median line from a point an inch in front of the anus, two inches or two inches and a half long, to a point midway between the opening of the bowel and the tuber of the ischium.

[The lateral operation was then performed, the usual preliminary steps of injecting the bladder, ascertaining the position of the stone, introducing the staff, &c., as laid down in a previous clinical lecture, being adhered to as in ordinary cases. The stone was found lodged in the prostatic sinus of the urethra, and had made quite a pocket for itself in the prostate gland, from which, however, it was easily extracted by a scoop. Its size was about that of an ordinary pea. The boy was put to bed and treated precisely as upon the previous cases, and like them, had no unfavorable symptoms at any time, making a speedy recovery. *Perfect cleanliness*, good air, and nutritious food, being the three essential requisites in the treatment.—DE F. W.]

PHILADELPHIA HOSPITAL.

Wednesday, Dec. 14, 1870.

Surgical Service of JOHN H. BRINTON, M. D., Lecturer on Operative Surgery in the Jefferson Medical College; one of the Surgeons to the Philadelphia Hospital; and Surgeon to the St. Joseph's Hospital, etc.

[REPORTED WITH NOTES, ETC., BY RALPH M. TOWNSEND, M. D.]

GENTLEMEN:—Before introducing any new cases, this morning, I will direct your attention to some of the results of our previous operations.

From off the penis of this man I removed, at my last clinic, several masses of luxuriant vegetations. Some of these vegetations I clipped off with scissors, some I strangulated with threads and pins, and some I touched with nitric acid. The nature of these growths I then explained to you; let us now examine this man's present condition. You see that the head of the penis looks comparatively clean; the growths have all disappeared, save one nodule, which escaped my destroying measures. The cure here would seem to be almost complete; but let me tell you that in all such cases the tendency of these vegetations is to recur and recur, wearying alike patient and surgeon. They have already in this instance recurred once or twice, and as I look closely at the mucous membrane of this glans and prepuce, I can even now, see evidences of a coming crop.

At my last clinic, I told you that in your attempts to get rid of these troublesome formations, you must go deep. You must not be content with simply taking away the granulations themselves; but you must absolutely destroy and devitalize the subjacent tissues from which they spring, the soil, in fact, in which they grow, and from which they derive their nourishment. Therefore, I advise you,

when your thread or scissors have done their work, to apply your nitric acid, or acid nitrate of mercury, freely. If you do not, you may expect to repeat your operations over and again. I will not apply my acid applications here to-day, but will wait until this day a week, when I will bring this patient before you, and you can then form your opinion as to the truth of what I have been telling you,

There is one other point suggested by this case, which I think it worth while to mention to you. It is this, that whenever you have performed any operation or manipulation about the head of the penis, which is apt to be followed by tumefaction, be on your guard against paraphymosis. You know what that is—a strangulation of the glans caused by narrowing of the preputial orifice. That condition appeared in this case. On last Thursday, the day after I removed the growths, I found on my ward visit the patient in great pain. The prepuce was withdrawn behind the corona glandis, and was greatly swollen. Its action was as if a string were tightly tied behind the glans. The latter was in a state of passive congestion, livid in color, and threatened as to its vitality.

The remedy was obvious. I gave the man a whiff of ether, pressed the glans backward with my thumbs (thus), at the same time drawing forward the swollen prepuce. In a moment the foreskin slipped over the head of the penis and the patient was relieved.

Paraphymosis is not an uncommon occurrence. I have seen it in children, when a naturally phimotic prepuce has been drawn forcibly behind the corona. You can reduce it as I have above described, and I think, in such cases, circumcision had better be performed subsequently.

It occasionally happens in adults that you cannot reduce a paraphymosis by mere manipulation, and you may be obliged to divide a strangulating band or two with a narrow knife. Remember, however, that sooner or later, by one process or another, you must always reduce a paraphymosis. A failure to do so I have known to result in a damaging slough of the head of the penis.

Painful Ulcer.

Here is a young girl in whose groin some days since I made a crucial incision for the purpose of opening up an old sinus, the sequel of a bubo. She has complained of much pain ever since. She is no doubt hysterical, but still she has pain, aggravated by the slightest pressure, even by that of a poultice. Why is this? Let me examine this sore. I touch it at different points with my knife handle, and she does not shrink, it does not hurt her. At this one point however, it is painful, and she complains. In all probability some nerve twig is exposed or pressed upon, or otherwise interfered with by the granulations. I will cut around this spot with my knife and remove the nodule. Most likely relief will follow this operation.

[This was done by the lecturer. The tender spot was removed, with the result as was afterwards shown of doing away with the irritability of the sore.—R. M. T.]

Fistula-in-ano.

I will now bring before you two cases of fistula-in-ano, both of which require operative interference for their cure.

By anal fistula I mean that condition in which an abnormal communication, straight or tortuous, exists between the interior of the rectum and the external integument. I am now speaking of what is known as complete fistula, and for the present shall exclude from my remarks those cases of incomplete or blind fistula as they are called, namely, where an abscess or cavity exists by the side of the rectum, opening either internally into the gut, or externally upon the integument. Complete fistula possesses both openings, while an incomplete fistula has only one. Such at least is the definition of an incomplete fistula, although I cannot but believe that fistulæ are often described as being incomplete, when in reality they are complete. Sir Benjamin Brodie has said that the internal orifice of a fistula can usually be found, if properly sought for. My own experience has certainly confirmed to me the truth of the opinion of that illustrious surgeon.

To properly understand any pathological condition, especially in the neighborhood of the rectum, we must first study it in its inception. Let us now look at the origin of the fistula-in-ano.

According to my definition, in true fistula, a perforation of the wall of the rectum must be present. This may occur in two ways. The ulceration in the first place may commence from the cavity of the gut, and pass outwards; or it may begin outside the wall of the gut, and travel inwards towards its cavity. Take the first case, ulceration beginning on the inner surface of the gut, on its mucous surface. Call to mind, if you please, the arrangement of the mucous membrane of the rectum. You know that the calibre of the rectum is great, but that as it approaches the integument at the anus, this calibre is greatly diminished by the constriction of the sphincter ani muscle. In consequence of this narrowing or constriction, the mucous layer of gut is thrown into longitudinal folds, which form, immediately above the edge of the sphincter, pockets or pouches, eminently fitted to serve as receptacles for intestinal concretions, hardened fecal matter or any irritating foreign substance which may find its way into the rectum.

As you are well aware, there is a natural tendency for mucous surfaces to take on at times an ulcerative action, and this tendency in the lower portion of the rectum is undoubtedly greatly increased by the agencies to which I have alluded.

Add to these, the effect of prolonged constipation, straining in defucation, or the existence of hemorrhoidal conditions, and you will readily comprehend how easily, ulceration of the mucous layer of the rectum in this locality may occur, and how, once having set in, it may go on to perforation not only of the mucous layer proper, but also of the muscular and cellular coats of the rectum. In short the rectal walls may undergo complete perforation, and then the contents of the gut, gaseous, liquid or solid, may, little by little, press through the fatty tissues of the ischio-rectal fossa, setting up inflammation and suppuration in their track, and thus gradually make their way to the external surface. The fistula is then complete, having, as I have told you, two openings, the inner one in the intestine, and the other one external.

Anal fistula may also be developed from without. Irritation or inflammation may arise in the ischio-rectal fossa, and thence travel towards the cavity of the intestine. We know that abscesses do form originally in this situation, as the result of the laxity of the tissues, pressure, bruises, and the like, and that from the constant action of the levator and sphincter ani, these abscesses show little disposition to heal, but rather tend to burrowing, and to the denudation of the lower rectum. We know, too that such abscesses find their way to the external surface, and we are told that they frequently burst into the gut. Probably this does occur not unfrequently, and complete fistula is the result; at the same time I doubt whether it does really happen as often as writers tell us. I am inclined to believe from my own observation, that fistula more often results from the process which I have first described than from the second—from ulceration commencing in the rectum itself, rather than from ischio-rectal, abscess.

But fistulæ, as we see them in practice, present various modifications and complications. One of the most frequent and troublesome of these is the burrowing. Not seldom, we find the abscess which accompanies fistula, extending to a considerable distance, often indeed, surrounding and denuding the rectal walls. Oftentimes too, one or more additional openings form in the walls of the rectum, and these secondary openings may be situated some distance, an inch or more, above the margin of the sphincter. Sometimes, too, especially in the last described cases, the external opening may close temporarily, the internal orifice or orifices with their communicating canals still remaining patulous. It is important that in the investigation of a case of fistula, you should bear in mind the peculiar forms which they at times present.

Fistula-in-ano once recognized, the question of treatment comes up. Spontaneous cure if it occurs at all, is so rare that its probabilities ought to be disregarded. As a rule the disease left to itself remains a life-long source of irritation and misery to its unhappy possessor. The cure must be accomplished by surgical means; and how is this to be done? I assume, and this I beg you will not for one moment forget, that there is always an internal opening to a fistula. Let your first effort be to detect this orifice. Search for it always with such a probe as this—a flat handled one. Above all things use no force; search for it gently; and sooner or later, if not at the first examination, yet at a subsequent one you will find it. If you use your probe roughly, you must not expect success. You may make for yourself an opening in the gut it is true, but you will fail to detect the original one, and failing in this, in all probability your operations will be fraught with no good to your patients.

The inner opening once arrived at, the treatment is not difficult: divide all of the tissues comprehended between the fistula and the cavity of the gut, including necessarily the sphincter ani, and the integument. If the two orifices of the fistula be not too far removed from the anus, this division may be effected by a knife run along a groved director, or by a curved probe-pointed bistoury carried through the external opening and canal of the fistula into the rectum, and then out through the anus. If the extent of the fistula be so great as to make its division by the knife dangerous on account of hemorrhage, then you must resort to a seton carried through the fistula and anus, and knotted on the integument. You must then direct your patient to tighten this thread daily, and very soon—in a week or ten days—the seton will cut its way so near to the surface, as to allow of the section of the remaining tissues without dread of bleeding.

The after-treatment of the operation is simple enough, viz.: rest, a light opiate, especially if the sphincter be irritable, or if it be but partially cut through in the operation, and attention to the dressing. Your success in this operation, gentlemen, will often depend upon the care you may bestow upon the dressing. Your object is to make the wound granulate honestly from its deepest surface. This you will best promote by keeping the lips of the wound separated by a piece of greased lint or muslin. Pack the wound and press your dressing well down to its bottom; you will thus best guard against leaving any portion of the fistula unhealed beneath the fresh granulations. Pay attention to these points, and in two or three weeks your patient will be well. Do not think this a trifling matter to talk to you about, for believe me I have seen a great deal of very poor surgery accompany operations for fistula at the hands of those who should have known better.

There are many other points connected with

this trouble of which I would gladly speak, but the limits of my lecture forbid, and yet I cannot take leave of the subject without one word of caution concerning the operation. Take care that you do not divide the sphincter ani in two places, else the cut ends of the muscle may not unite and fecal incontinence may follow. I once knew a very eminent surgeon make this mistake to his own chagrin and his patient's sorrow. I have seen patients come into this house with incontinence from repeated operations. Years ago, in a very bad case of fistula, I divided the sphincter once by the knife, and once partially by the seton. To this day that patient suffers, if not from incontinence, at least from a weakness in that direction. Beware then, gentlemen, how in these cases you cut too much. I need scarcely to warn you against the danger of dividing in the female the sphincter of the vagina, as well as the sphincter of the anus. The result of such an operation would be a lacerated perineum with all its horrors. Let me here apply the facts I have thus hastily grouped to the treatment of two cases of fistula now before you. This patient is a man of 50 years of age. He has suffered for the last few months from a sense of fullness in the perienum, at times passing into a throbbing pain. The tissues, he tells us became hardened by the side of the anus, a sort of lump formed there, which broke a few days since, leaving an opening on the little lip of granulation you see, from which fetid pus escapes.

I pass through this opening my broad handled probe, and readily make it meet the index finger of my other hand placed in the rectum. This is a very simple case. The fistula is short, there is no burrowing, and I now carry my probe bistoury up the fistula, and out of the anus, incising the intervening tissues and the operation is done. There is no bleeding. This wound will be dressed tightly with lint, covered by a compress, and the whole retained by a perineal T bandage.

Here is another case: This man is 30 years of age; his fistula has existed for some months; at times inflaming, swelling, becoming partially occluded and preventing him from earning his daily bread. Some days since I brought him before you, and having examined him, I found a fistula with one external orifice far removed from the anus, and two internal ones, one of the latter just above the sphincter, the other more than an inch higher up. The probe revealed a separation of the mucous from the other layers of the rectum by purulent dissection. Not deeming it prudent to divide so great an extent of tissue by the knife, I then passed a seton into the external opening, carried it through the upper internal orifice into the gut, and out then through the anus. Now see what that thread has done in six days: It has cut its way from the upper internal orifice down to the lower one, and it has also diminished the lateral extent of the fistula externally by one-half. I can now divide all the tissues with safety to my patient; I do so, and with scarcely any hemorrhage. The dressing in this case will be the same as in the preceding one. I have been thus prolix, gentlemen, in regard to this affection, because I know that you will often meet with it in your practice, and even though you may not be professed surgeons, you may be obliged to operate for fistula. To do so properly, you must understand its pathology in its inception. I trust that my remarks this morning may assist in bringing this subject clearly before your minds.

LONG ISLAND COLLEGE HOSPITAL REPORTS.

Report of some RARE CASES OF FRACTURES.

By A. J. Lawbaugh, M. D.

Fracture of Os Calcis.

Case I.—Male, æt. 50, laborer; simple fracture of os calcis, caused by a fall from a height, striking with the bottom of the foot on a stone pavement.

Crepitus very distinct; no separation of the fragments; the point of fracture, anterior to the lateral ligaments.

Treatment: Placed the limb and foot on a soft pillow, in an extended position, and applied an evaporating lotion to reduce the swelling.

The crepitus disappeared at the end of one month from date of injury, and patient was able to walk well in six weeks more.

No splints were used at any time during the treatment. At this time—nearly four months after the accident—there is firm union, with no deformity save a slight thickening on the inner surface of the calcaneum at point of fracture.

Case II.—Male, æt. 45, laborer; compound fracture of os calcis, caused by a fall from a height of 50 feet, striking with the bottom of the foot on a spiked iron fence, one of the spikes entering the foot, fracturing the calcaneum and displacing the anterior fragment upward.

Treatment. The fragments were placed as nearly in apposition as possible, and treated as in case No. I, but patient died second day from shock of injury.

Case III.—Male, aet. 26; laborer, compound fracture of os calcis, caused by a car-wheel passing over the foot; severe laceration and contusion of the soft parts, crepitus, and slight displacement of anterior fragment.

Treatment. Same as preceeding, with carbolated oil to the wound of soft parts. At the end of two months, wound entirely healed, and partial union; in one month more the patient was able to go about his business, with only slight tenderness on putting

the foot down firmly; the union does not seem to be bony, but ligamentous.

Fracture of Os Calcis.

CASE IV.—Male, æt. thirty, shopkeeper; compound comminuted fracture of os calcis; caused by being thrown from a wagon, one of the wheels passing diagonally across the calcaneum. Several small pieces of bone were removed by the surgeon, who also directed quiet, and fomentations to the injured foot and leg.

Two weeks after the accident, patient was brought to the hospital, with inflammation extending to knee, and the wound suppurating; carbolated was applied to the wound and an evaporating lotion to the leg, with opium gr. ss. every six hours, with good diet; no splints were used; the limb was simply kept on a pillow.

The inflammation rapidly subsided; and in the course of two months from date of admission, was discharged with union—probably *ligamentous*; external wound entirely healed; not able to walk without support, complaining of tenderness in the heel; but the inability to walk was, in all probability, due to some extent, to fear of injury.

CASE V.—Male, æt. 55, laborer; compound comminuted fracture of os calcis and scaphoid bones; caused by a sharp-pointed bar of iron being driven forcibly into the bottom of the foot. The cuneiform bones, as well as all the metatarsal bones were dislocated upward. No active measures of treatment were pursued; the patient died the second day after the injury from *shock*.

The foregoing account of fractures is given, partly because they are of *rare occurrence*, and also to show that *no complicated apparatus is necessary in their treatment*; but that the simpler the appliances are, to answer the indications, the more apt are the results to satisfy both patient and surgeon.

Injury of Head of Femur.

CASE VI.—Female, æt. 5; epiphyseal separation of head of femur, caused by a fall down a stairway, striking on the great trochanter of the left thigh. Child brought to the hospital the second day after the accident; on examination, it was found that the affected limb was $\frac{5}{8}$ inch shorter than the opposite one; very movable, the foot very much everted, some swelling, and slight pain at upper part of thigh—the trochanter moved with the shaft, but in a less arc than the sound one—on rotating the limb, a very distinct "dummy" sensation was frequently felt, apparently near the joint; but no decided bony crepitus could be detected.

The age of the patient decided in favor of epiphyseal separation of the head instead of fracture of the neck, within the capsule; also, the nature of the injury. If it were an intra-capsular fracture, it would, in all probability, have been an *impacted* one, and not give rise to the signs which were present in this case.

Treatment. With four pounds of extension the shortening was entirely overcome, and the limb placed in position. This was maintained with a "Buck's apparatus."

Four weeks after the injury, the same crepitus could be distinctly felt, and, on the removal of the extension, no shortening could be detected; but the same tendency to eversion of the foot. The extension was now discontinued, and the limb simply kept in natural position, by the use of "junk-bags" at the sides. A month later, the crepitus could hardly be obtained, and a little weight could be borne on that limb; but shortening had begun. Four months after the injury no crepitus, slight eversion of foot, $1\frac{1}{4}$ inches shortening. The child is able to walk without any assistance, but excessive halting, with a peculiar tilting of the pelvis, such as is frequently observed in persons who walk with artificial limbs. If a *lift* is attached to the sole of the shoe of that side, very much of that deformity will doubtless be overcome, and locomotion rendered much easier for the child.

Fracture of Pubis.

CASE VII.—Male, æt. 32, laborer; simple fracture of horizontal ramus of pubis; caused by being crushed between two large stones.

The point of fracture was one and a half inches from symphysis, on the left side; crepitation was very distinct, and, by palpation, the point of fracture could be easily fixed.

All the neighboring soft parts were severely contused. An effort was made to pass a catheter, but it failed to reach the bladder, although a little bloody urine passed away on its withdrawal.

Treatment.—A firm band was passed around the the pelvis, and the patient ordered to keep quiet, with occasional anodynes to enforce the order.

Patient died at the end of the fifth day after the injury. During this time no cathartic, however drastic, or enema, howeyer stimulating, could produce any evacuation from the bowels. Frequent, though only partial, introductions of the catheter relieved the bladder.

The shock to the nervous system, and especially the ganglionic portion of it, was so great that he never perfectly rallied.

MEDICAL SOCIETIES.

CINCINNATI ACADEMY OF MEDICINE.

December 5, 1870.

[REPORTED BY J. W. HADLOCK, M. D.]

Pott's Fracture.

Dr. B. F. MILLER presented a specimen of leg, lower third, and foot, amputated for compound dis-

location of the ankle joint, caused by a wrench in stepping on a rope. The accident happened in April in New Orleans, and, according to the statement of the patient, the luxation was reduced. This was, however, in all probability not the case, as on his arrival in Cincinnati some weeks after, inflammation was very high. On this account no attempt at reduction could be made. Efforts in that direction were made, upon the subsidence of inflammation, a few weeks after, but were entirely unsuccessful.

The patient then left the hospital, and remained away until two weeks ago, when he returned with necrosed bone, the complete dislocation being apparent. The limb was then amputated.

The specimen showed the position of the bones in complete luxation. The limb was entirely thrown off from its articulation, and the fibula was fractured about two inches above its malleolar attachment. The astragalus was rotated upon the os calcis. The fibula had again united, but showed a carious point. There was great expansion of bony surface, and the specimen was interesting as displaying the character of the lesion in POTT'S fracture, from which it differed only in not being attended with the destruction of the soft parts. The arch of the foot was remarkably increased.

DR. DAWSON spoke of the resemblance which the specimen presented bore to Dr. Pott's fracture as usually described, viz: A fracture of the fibula above the articulation, and of the tibia above the malleolus, caused by the great strength of the deltoid ligament.

DR. POTT himself described a rupture of the deltoid ligament and dislocation of the tibia, with fracture of the fibula. When the ligaments are ruptured all attempts at reduction are futile, because the support of the fibula is lost; hence it is possible in this case that the fracture was reduced at the time of the accident, but returned to its abnormal condition. These are just the cases which lead to suits for malpractice.

DR. GOBRECHT inquired whether, on close examination, there was really any separation of the astragalus from the os calcis, or if it was not only apparent from the dislocation of the second row of tarsal bones from the first. The union between the astragalus and calcis is effected by the strongest interosseous ligament of the body, and the force requisite for its rupture must be perfectly terrific.

DR. MILLER answered that he believed there was some separation between the two tarsal rows, but thought if Dr. Gobrecht would examine the specimen he would agree with the speaker that the astragalus is not in its relative place with the calcis.

Reports of Sections.

DR. C. D. PALMER, chairman of the section on *Diseases of Women*, presented a report from that section, of which the following is a synopsis:

During the earlier part of the session a rubber pad was referred to the section for examination and report. [This instrument was invented by Dr. Geo. B. Orr, of Cincinnati, and presented, by him, to the Academy in June last. It consists of an ordinary Davidson's syringe, whose tube is passed through the centre of an oval flat plate of rubber with rounded borders. The plate is to be pressed against the vulva to prevent the escape of the injected fluid. J. W. H.] The design of the pad is to secure contact of the injected fluid with every part of the vaginal wall.

The report characterised the theory as good but the practice not entirely devoid of danger, if a part of the injected fluid alone, or mixed with air, should penetrate the uterus and consequently cause a distension of that organ.

Endometritis

Next was discussed. Some points in the local treatment of this disease were referred to. To insure the greatest efficiency in local treatment, the prime consideration is to have a clean surface for application. The plan of Thomas by the swab and suction tube, and that of Nott by the double canula, were detailed, with the failures to which they are subject so far as cleansing the interior cavity is concerned. The most thorough application is secured by a modification of Patton's urethral reflex tube of the author's design. [A cut and description of the instrument referred to was given in THE REPORTER last March—it was invented by Dr. Patton of this city.—J. W. H.] A silver tube, 7 or 8½ inches long is adapted to an accurately fitting syringe of ½ oz. capacity, the bars of the tube are reduced from 6 to 4 in number. The cap is perforated by nine extra minute orifices. The accurate working of the syringe prevents the admission of air, and the open side-bars secure full reflux, and thus render accumulation and distension of the uterine cavity impossible. The syringe may be refilled if necessary by simple detachment of the instrument without withdrawing the canula.

Most cases of endometritis are characterized by marked enlargement of the uterine cavity, and its walls are generally covered with blood, mucous, epithelia, etc., so that an injection without preliminary removal of these substances does not reach the diseased surface. It has been found that salt water, grs. 1 to 5 to one ounce of water, at a temperature of 98°, most nearly resembles the natural secretion, not only of the vagina and uterus, but of the eye, pharynx, peritoneum, etc. With a solution of this strength the author has treated six patients; two alone receiving 18 injections. In no case was the pain greater than that attending the introduction of the sound.

The best, and at same time safest way of medi-

cating the diseased surface is, by the probe and cotton, after thorough cleaning in above manner. The two agents most recommended for use with this uterine canula, are diluted Churchill's tincture iodine, and dilute carbolic acid. Whatever be the remedy employed, the canula is a safe and ready means.

The susceptibilty of the uterine surface is to be first carefully tested, and the patient, after the injection, closely watched. Many nice points are connected with this subject; as the choice of remedies, the frequency of their use, the time of their employment, the seat and extent of the disease. The author refrains from entering upon them for want of time.

Proper position (dorsal decubitus) during the inception, and rest after its use are, of course, essentials. As to the risk sometimes attended, no one can positively prognosticate in an individual case. All admit danger in some cases.

The report closed with a description of the safest of the various remedies used and an injunction against careless use of any; of the manual dexterity which is always necessary on the part of the practitioner, if not possessed of this delicacy of manipulation. As Peaslee remarks, applications are always dangerous.

It is a fact that the treatment endometritis by intra-uterine injections is receiving increased favor, notwithstanding its opposition by some eminent authorities.

Dr. Dawson inquired if the use of this canula required an assistant, and if a speculum be employed what form is used. For himself he was never able to introduce a tent without drawing down the uterus and fixing it with the forceps as it always, otherwise, ascended.

Dr. Palmer replied that he only employs the glass speculum for cervical medication. For intra-uterine treatment he always uses the quadrivalve as it throws the uterus into its proper axis overcoming in a measure any coexistent anteversion, and being self-retaining requires no assistant. He also uses a self-retaining tenaculum.

Dr. Orr remarked that the rubber pad referred to was only intended for vaginal medication—not intra-uterine, and it was not necessary to use force to enter the uterus, or to secure thorough distension of the vagina. He has himself employed the pad with great benefit in several cases and it is now used in the hospital.

Dr. Gobrecht mentioned a self-retaining speculum fastened at the pubes. He had always found Miller's speculum the most convenient for applications to the cervix.

Dr. Dawson desired to bear testimony to the great value of Patton's urethral canula; a most exceedingly obstinate case of gonorrhoea, of several years duration, and throughout defiant of all remedies yielded quite promptly and permanently to injections with this instrument.

Dr. Conner mentioned a reflex tube designed by Autenreith, a tube with a bulb on its distal extremity, perforated at the neck of the bulb by a row of minute orifices. It can be used with the ordinary or with Davidson's syringe.

Dr. Jessup inquired of Dr. Palmer if he had seen any of the specula mentioned by Dr. Gobrecht, those fastening at the pubes.

Dr. Palmer had seen only Bozeman's, Emmett's, Pallen's, etc., self-retaining instruments. These are all fastened at the sacrum.

Dr. Whittaker spoke of the great value of carbolic acid in the treatment of obstinate leucorrhœa. The application is made upon the cotton wrapper sound. The sound so employed is first introduced and the uterine surface cleansed, a new layer of cotton is substituted, medicated by immersion in a solution of proper strength and applied to every portion of the uterine cavity. A case was reported which had been thus treated with perfect success.

December 12th, 1870.

Experiments in Digestion.

Dr. Whittaker exhibited some specimens of gastric juice, and its action, obtained from a dog, which he presented.

The speaker disclaimed any attempt at instruction in matters with which every physician had been made familiar in his student-life. The perfect success which attended the operation and the facility with which the pure secretion is collected, had tempted him to bring the subject before the Academy; as, in the absence of any original matter, a revival of old is not always an ungrateful task.

The operation was performed after the manner of Bruellot, who was the first to discover its almost entire immunity from danger in the dog, and to avail himself of the secretion for experiments out of the body.

It had been ten days since the canula was inserted before the class, at the Medical College of Ohio, and the dog was in condition of almost perfect health.

It seemed strange enough now that only a century and a quarter ago the idea still prevailed that cardiac digestion was of purely mechanical nature; that the reduction of alimentary material was effected simply by trituration.

It was only after the well known experiments of inserting hollow perforated spheres filled with digestible material into the cavity of the stomach, and observing them pass empty per anum, that chemical action was acknowledged. The accident resulting in gastric fistula in the cases of the Alexis

St. Martin and Bruellot's numerous experiments on dogs, have not only established the fact of a secretion, but also its definite action upon definite articles of food. Moreover, the simplicity of the operation places the means of study in the hands of even the tyro in physiology.

The dog, previously fed, was then presented, the stopper of the canula removed and the secretion collected.

A detailed description of the juice, its properties, composition and peculiar action was then given.

Specimens of albuminoid digestion were next exhibited. To show the necessity of both an acid and organic principle, the well-known experiment of the three cubes of albumen—the one in pure juice, one in juice where the pepsine had been destroyed by heat, and one in juice where acid had been neutralized were next presented. A boiled egg with yolk removed, and its cavity filled with juice, showed in the environs of the albumen the action of the juice. A specimen of pepsine, precipitated by alcohol, and another prepared by Grivanna, were also presented. As an argument against the immunity of attack of the gastric mucous membrane by the "living principle" of Hunter, a doctrine long since overthrown, a specimen was shown of tænia serrata found dead in the stomach of a dog, killed during digestion. The dog had in all probability ingested the cysticercus pisiformis of the rat or rabbit; this had developed into the tænia in the intestine, found its way into the stomach and was there promptly killed, and would have been digested had not the whole process been checked by death.

The speaker concluded by waiving the discussion of the peculiar acid in the stomach, remarking that though the bulk of evidence was in favor of the lactic, the researches of Bernard and others shewed that no particular acid was necessary, merely a certain degree of acidity; and hence, this subject was deprived of that interest which once invested it.

NEW YORK PATHOLOGICAL SOCIETY.

December 14th, 1870.

(Dr. ALFRED L. LOOMIS in the Chair.)

Encephaloid Disease of the Kidney.

DR. ROGERS presented, on behalf of a candidate, the following case:

J. C., æt. 5; years up to the 3d of last August was in his usual health; at that time complained of pain in the left side, accompanied by symanites and constipation. There was also fever, with a pulse of 135. The sclerotic had a jaundiced hue. It was noticed that in the left hypochondriac region there was situated a large, solid tumor, movable; the diagnosis arrived at was splenitis. The urine was examined during the active course of the disease, and was found to be normal. On *post-mortem* examination a growth was discovered nearly the size of a liver, taking the place of the left kidney; this had so far involved that kidney that there was left not more than one-fourth of its tissue. A microscopical examination proved it to be true encephaloid disease.

Morbus Coxæ Specimen of Femur.

Dr. SAYRE presented to the society the head and neck of a femur—sawn off between the trochanters—together with the patient from whom it was removed, five years ago. For two years before the operation, the patient had morbus coxarius, but afterward it did not reappear. The limb is well nourished and slightly shortened, but not so much as to interfere with walking.

Cystic Tumor of Breast.

Dr. Sayre also presented a tumor which had the following history:

Ten years ago the patient noticed a tumor to the left of the nipple, which had developed in four months. It was hard to the touch and much resembled bone scirrhus; but there was no retraction of the nipple. The patient was sent to Dr. HAMILTON, who advised amputation. On examining the tumor it was found to consist of numerous cysts, which contained a semi-gelatinous material.

Fatty Placenta.

Dr. —— presented two specimens of fatty placenta, one of which had undergone extensive degeneration. It was obtained from a patient, æt. 35; married. In her third pregnancy she aborted, and from that time to this had ten other abortions between the third and fifth month; the present specimen has passed to the third and a-half month. The other placenta had not suffered so much changes and was shown merely for contrast.

Calculus in the Negro.

Dr. ERSKINE MASON presented a case of calculus, obtained from a patient in the Colored Home who had stricture. It was of interest, mainly from the fact that it was the first case that had happened in that institution in thirty years.

Sacculi of the Bladder.

Dr. ———, presented the bladder spleen and left kidney of a negro, æt. 58.

For five or six years patient had difficulty in passing his water. But a week ago edema of the face came on followed in a few days by edema of the extremities. For ten or twelve hours patient was unable to pass any urine, and upon introduction of the catheter none could be obtained, but after withdrawing the instrument, patient voided six oz. Yesterday patient began to have hiccup; but this was readily relieved by Hoffman's Anodyne. Shortly after convulsions set in, followed

by death. On introducing the catheter, previous to the convulsions, no water was obtained, but attention was directed by the patient to a larger tumor in the iliac region, which he termed solid. Before making the autopsy a pint and a half of urine was withdrawn by the catheter, and then no tumor whatever could be discovered.

An examination of the bladder showed two or three sacculi the size of an orange, communicating with each other by an opening ½ inch in diameter. Lymph was found on the peritoneal surface of the bladder in considerable amount. Upon filling it with water it was found to hold two quarts. The prostate was enlarged and drawn back, but there was no stricture of urethra. The ureter and pelvis of left kidney was very much expanded, being thirteen or fourteen times larger than normal. The tissue of the kidney was congested and ecchymosed.

The specimen bladder was referred to Committee on Microscopy.

Tumor of Breast—Double.

Dr. Little presented a tumor of breast from a patient æt. 35 years. For two years it had been increasing in size. The upper portion presented the characteristics of scirrhus; whilst the lower was essentially different to the touch. On Nov. 28th it was removed, and given to Dr. Delafield for microscopical examination.

Dr. Delafield reported before the society that the upper tumor was cancerous, composed of lobules and intervening septa. The alveoli were in shape of small canals and filled with cells. The lower division of tumor was merely lipoma, containing one or two nodules of cancerous tissue. This, although rare, has been several times reorded.

Editorial Department.

Periscope.

Spontaneous Fracture of the Femur.

At a meeting of the Clinical Society of London, Mr. Durham related a case of Spontaneous Fracture of the Femur. When first seen by him in March, 1867, the patient, a professional man, aged 44, was seated, half-dressed, in an easy chair. He was not capable of walking. The right femur was broken at the junction of the upper and middle thirds, the limb being shortened by three inches. Three months previously, the patient had fallen down stairs and hurt his thigh. Seven weeks later he began to have aching pain in the thigh, which was treated as neuralgic; when this had lasted three weeks, he felt, on going to bed one night, a sudden inerease in the pain. Next morning he could not move the thigh, which was much swollen. He was quite unconcious of having subjected the limb to any sudden strain. After a few days, the swelling and pain diminished, and he got up, but could not walk; and it was about ten days afterward that Mr. Burham, visiting him for the first time, in consultation, found his thigh broken. Under treatment the bone united; in the course of four months the patient could move about; two months later he returned to professional work. He remained quite well. Mr. Durham thought it probable that at the time of the fall some injury of the bone had taken place, which had been followed by gradual interstitial degeneration and absorption of bony tissue, instead of healthy repair, leading to spontaneous fracture of the bone. The patient had, it seemed, been subjected to great worry and wear and tear of brain, and Mr. Durham suggested, as a topic of discussion, the relation which might exist between overwork or excitement of brain and defective nutrition of bone. Mr. Heath mentioned the case of a medical gentleman, aged 60, who, in turning in bed, broke his thigh. He recovered, and narrated his own case to the Royal Medical and Chirurgical Society. A member referred to the case of a boy, aged 14, who broke his humerus in firing a squib. He was quite well in six weeks. Mr. Callender had seen several examples of spontaneous fracture of long bones; in most instances the patient had been cognizant of the injury. A case occurred some years ago to a man who was roughing it in Australia, but returned to England for advice. It was supposed to be disease of the knee joint, and amputation became necessary. It was found that the end of the femur was expanded and atrophied, and that there was a fracture just above the epiphysis. Nevertheless he had been able to get about. Mr. Carter narrated the case of a corpulent woman who slipped and apparently sustained no injury. Six days afterwards, on bending, she felt something give way, and she could no longer walk. She could produce cripitus by muscular action, though it could not be produced otherwise. She tried to get about on crutches, but fell again, and the bone protruded above the knee. She died, and it was found that a fracture extended the whole length of the bones from the great trochanter to just above the knee, where the portion

had protruded and been broken off. Mr. GASCOYEN had seen a similar case. A woman, aged 55, fell, but walked home. Going up stairs, she felt something give way, and she fell again. There was a fracture of the thigh, which did not unite, and she died. The bone was softened—fatty, not in the condition of molities. Mr. HULKE gave the case of a young woman of a phthisical family—herself very feeble—who was being carried from her bed to a couch; a snap was heard, and the thigh was broken. Sometime after the other broke in like manner. It was put up in a long splint, and did well; the former, which was put in short splints did not. Mr. CROFT noticed the fact of there being impaired nerve-force and yet reparation of bone. Mr. Callender said there was a case now in St. Bartholomew's where the patient, though suffering from paralysis, recovered after a fracture in the ordinary time. Mr. Durham noted that in the cases mentioned there was some accident to which to refer the injury; here, there was only mental worry. Mr. LEE said he was not aware of any case of fracture from syphilis alone; in that disease the bones really became thicker.

Radical Cure of Hernia.

DR. C. C. F. GAY, M. D., surgeon to the Buffalo General Hospital, gives the following case in the *Med. Record:*

On April 22d, 1870, Charles Walls, aged eleven years, entered the surgical ward of the Hospital with double scrotal hernia, quite large, being congenital and reducible. The exernal ring was sufficiently large to admit two fingers of the hand.

On April 29th, I operated upon the right side, and six months thereafter there is, and has been, no escape of intestine from the abdominal cavity. My operation, it is believed, differs from that of any other heretofore made. I obtained the idea from Dr. Chisolm, of Charleston, S. C., now of Baltimore, Md., and from Dr. Armsby, of Albany, N. Y. By conjoining the two methods separately proposed by these two gentlemen, the operation is made successful. Silver wire was used subcutaneously, after the plan was suggested by Dr. Chisolm, and at the same time the silk seton was introduced, as recommended by Dr. Armsby.

The only instrument used was a strong, slightly-curved needle, about four and a half inches in length, with an eye at its point. To the needle was attached a strong handle.

Reducing the hernia, I gathered up upon the left index finger a fold of scrotum, carrying this before the finger to the margin of the abdominal ring. The needle was then thrust through the inferior column of the ring, its point carried over the superior column and out through the integuments, about one inch above the margin of the superior column; then threading the needle with silver wire, it was drawn back into the scrotum, and without entirely withdrawing it from the scrotal integument it was returned over the border of the inferior column, beneath and through the margin of the superior column, thus making the point of exit to correspond to the point of entrance; then removing the needle and twisting the wire, the ring was found to be sufficiently closed to prevent escape of intestine. I did not cut the wire after twisting it, and permit the end to escape beneath the integuments, but left the end projecting one inch or more in length. The next step in the operation was to introduce the silk seton. The seton was composed of six strands of ordinary sized silk thread. When introduced, it extended from the fundus of the scrotum to two inches above the superior column of the ring, and was inserted by the same needle used in introducing the wire ligature. In inserting it, I raised upon the forefinger the scrotum at its fundus, and carried it up to the ring, partially invaginating it; then just behind the finger, thrust the needle armed with the seton through the scrotum, through the superior column of the ring, and out through the integuments. Tying the ends of the seton it was allowed to remain until the tenth day. After removing it, the silver wire was twisted a little more tightly and clipped short, so that it disappeared from view beneath the integuments. There were no constitutional symptoms after the operation, but considerable pain accompanied the local inflammation.

I operated by this conjoint method because I believed the wire ligature alone sufficient to effect a radical cure; that the wire alone would cause no local inflammation, but would act only mechanically to hold the columns of the ring in apposition; therefore the seton was used in order to excite local inflammation sufficient to agglutinate the parts permanently together.

The patient left the Hospital, and afterwards was treated by Dr. Boardman, of this city, for conjunctivitis.

On September 15th, or about this date, Dr. B., observing the wire about to ulcerate through the integuments, cut it out. On September 22d I examined the patient and found the ring closed and the cure perfect, there never having been at any time since the operation escape of the intestine.

Yellow Fever in Spain.

The *Gibraltar Chronicle* of the 26th ultimo, states that an official despatch from the Minister of the Interior had been received in all ports of Spain declaring that of Valentia "clean." In Alicante, on the 22nd, there were five fresh cases of yellow fever, 33 discharged from hospital cured, and five deaths; cases still under treatment, 110. In Barcelona on the same day there were four admissions into hospital and three deaths. During the month of September in the latter town, 415 persons succumbed to the epidemic, and in October 589, making a total of 1004. In Alicante, according to the *Eco* of that place, the ravages of the disease were still more extensive.

MEDICAL AND SURGICAL REPORTER.

PHILADELPHIA, JANUARY 21, 1871.

S. W. BUTLER, M. D., D. G. BRINTON, M. D., Editors.

☞ Medical Society and Clinical Reports, Notes and Observations, Foreign and Domestic Correspondence, News, etc., etc., of general medical interest, are respectfully solicited.

Articles of special importance, such especially as require original experimental research, analysis, or observation, will be liberally paid for.

☞ To insure publication, articles must be *practical, brief* as possible to do justice to the subject, and *carefully prepared*, so as to require little revision.

We particularly value the practical experience of country practitioners, many of whom possess a fund of information that rightfully belongs to the profession.

The Proprietor and Editors disclaim all responsibility for statements made over the names of correspondents.

TO OLD SUBSCRIBERS

Who forward their subscription to Jan. 1st, 1872, *strictly in advance*, we will send one number of the HALF-YEARLY COMPENDIUM OF MEDICAL SCIENCE, or a full-length steel engraved portrait of Professor S. D. GROSS (in 4to. for framing).

Those who have already paid for 1871 *will please notify us of their wishes.* (In connection with this offer notice **No. 2**, on the second page of cover.)

GREETING!

The subscriptions of a large proportion of our subscribers are due from the first of January. If they are all *promptly paid* it will be *greatly* to the advantage of all interested in sustaining a good medical journal, as it will give us the means for continued improvement.

See the notice to subscribers on second page of cover.

ON VETERINARY MEDICINE.

The Society for the Prevention of Cruelty to animals, has received much praise for the energetic steps it has taken in our principal cities in protecting the defenseless objects of its care, from the severities to which they are exposed. The purpose is a noble one, and worthy of all the commendation it has received.

But in view of the amount of this commendation, it is strange that a livlier interest has not been excited in the preventable and curable diseases of our domestic animals. It is a positive disgrace that the art of the veterinarian is so entirely neglected in this country. Millions of dollars are wasted annually by the deaths of horses, cattle, sheep, and hogs, which could have been saved by a judicious and timely observance of a few simple precautions, or the administration of some remedial agent in an early stage.

That farmers and stock raisers should know little of the hygiene and treatment of stock may not seem extraordinary, though it certainly touches their pockets very closely; but that the professed teachers of these matters should be as ignorent as they generally are, is deplorable. On examining recently some publications by leading agricultural houses on this subject, we were astonished at the crude and superficial nature of their contents. Most of them are clearly written by men devoid of anatomical or pathological knowledge, and usually advocates of some "reformed," which is never a well-informed, system of therapeutics. One is a botanic doctor, another opposes all drugs, etc. Even those who pretend to follow the rational system, are a score of years behind the age, and too ignorant of the qualities of medicines, and the art of diagnosis, to be other than routinists of the worst class.

The only chance we see for an early improvement in this respect is, that country physicians should make it a rule to acquaint themselves with the more common diseases of stock, and not to decline to give advice in such cases. We are well aware that many of them do this already, and we would that the practice were general. Next, the owners and raisers of animals, should be taught the hygienic rules which should govern them, and also, should be made acquainted with the household remedies most efficacious in combatting the most frequent disorded condition

By these means there would be an important gain from an economical point of view and equally so from a humane one.

"You have lost your baby, I hear," said one gentleman to another. "Yes; poor little thing It was only 5 months old. We did all we could for it. We had four doctors; blistered its head and feet; put mustard poultices all over it; gave it nine calomel powders; leeched its temples; had it bled and gave it all kinds of medicines, and yet, after a week's illness, it died."

Notes and Comments.

What is a Quack?

The Court of Appeals of the State of New York lately ruled that in that State it is libelous to style a homœopathic physician a quack.

"Mr. Justice Sutherland, in delivering the opinion of the court, after stating that prior to 1844 only the allopathic school was recognized by the law of the State, but that in 1844 an act was passed abolishing all restrictions on the practice of medicine, goes on to say:

"To call a physician, whether homœopathic or allopathic, a quack, is in effect charging him with a want of the necessary knowledge and training to practice the system of medicine which he undertakes to practice, and which he holds himself out as having undertaken to practice, and I do not see why it is not now, and has not been since the act of 1844, just as actionable falsely and maliciously to call a homœopathic physician a quack as to call an allopathic physician a quack. There cannot be any doubt, I think, that to call either a quack is actionable, and has been since the act of 1844."

This ruling will recommend itself to all as just, not only under the State law, but under lexicographical law. A quack may be a homœopath or any other path, but no one "system," honestly pursued, can with propriety be called quackery.

Solar Physics.

Dr. H. E. Roscoe, in his recent address, thus alludes to results obtained by Zöllner, respecting solar force and heat: Starting from the fact of the eruptive nature of a certain class of solar protuberances, Zöllner thinks that the extraordinary rapidity with which these red flames shoot forth proves that the hydrogen, of which they are mainly composed, must have burst out from under great pressure; and if so, the hydrogen must have been confined by a zone or layer of liquid, from which it breaks loose. Assuming the existence of such a layer of incandescent liquid, then applying to the problem the principles and methods of the mechanical theory of gases, and the data of pressure and rate of motion as observed by Lockyer on the sun's surface, Zöllner arrives at the conclusion that the difference of pressure needed to produce an explosion capable of projecting a prominence to the height of three minutes above the sun's surface (a height not unfrequently noticed), is 4,070,000 atmospheres. This enormous pressure is attained at a depth of 139 geographical miles under the sun's surface, or at that of 1-658th part of the sun's semi-diameter. In order to produce this gigantic pressure, the difference in temperature between the inclosed hydrogen and that existing in the solar atmosphere amounts to 74,910° centigrade. In a similar way Zöllner calculates the approximate absolute temperature of the sun's atmosphere, which he finds to be 27,700° C.—a temperature about eight times as high as that given by Bunsen for the oxyhydrogen flame, and one at which iron must exist in a permanently gaseous form.

Death from Chloroform.

The following case, sent us by a correspondent in Michigan, has some features not readily explicable. A Mrs. Boardman made an engagement with a dentist to have eleven teeth extracted at noon.

Chloroform was insisted on by the lady, and Dr. M. Porter was obtained to superintend the administration of it. She passed under the influence of the chloroform easily and quickly—the teeth were extracted, and she recovered easily and naturally from the effects of the inhalation.

After remaining in the dentist's office about an hour, she went home in a hack, chatty and cheerful. Immediately upon entering her house she began to complain of difficulty of breathing, from which she could not, by any means, be relieved. Dr. Porter was in attendance, assisted, in counsel, by Drs. Pratt, Mottram and Hitchcock.

The unfortunate result was not attributable, in the opinion of the medical council, to any avoidable cause.

She had twice previously taken chloroform for the same purpose with happy results.

One peculiarity noticed by Dr. Mottram was that the blood coagulated almost immediately, and the hemorrhage ceased.

It was fully one hour and a half after the administration before the difficulty commenced, and she was not seen by Dr. Porter until three hours after.

Sanitary Condition of Providence.

Dr. Edwin M. Snow is well satisfied with the condition of Providence. He says in his last monthly report, which shows that for 1870, the deaths were one in 55.45 of the whole population:

"We venture the opinion that the rate of mortality in Providence, as shown above, is less than can be shown in any other city of equal, or of greater size, in this country, unless, *as is sometimes the case*, imperfect returns of deaths are compared with exaggerated estimates of population. In Providence, the return of deaths, as given, are complete probably without exception, and the population given is according to the official census."

Functional Diseases of Males.

In striking support of some remarks we made on the general neglect of the results of diseases peculiar to males, we may instance a remarkable paper

by Dr. Lewis A. Sayre in the last volume of the *Transactions of the American Medical Association.* It is upon partial paralysis from reflex irritation, arising from phymosis and adherent prepuce.

In this most suggestive article, Dr. Sayre relates several cases where severe paraplegia was directly dependent upon nervous irritation produced by a malformed prepuce. Not only does such a condition predispose to serious nervous lesions, but Prof. Sayre is satisfied that many cases of irritable children, with restless sleep and bad digestion, often attributed to worms, are solely due to general nervous irritation from the same cause.

We consider this as a most timely and important hint which all practitioners should bear in mind. This article of Dr. Sayre's has also been published separately, and may be had from the author.

A Tempest in a Teapot.

The Hudson County (New Jersey,) Medical Society, has recently been putting itself on the record in an unenviable manner. The majority in it have taken a dislike to a certain medical practitioner in Jersey City, who is a skilful and successful surgeon (*hinc illæ lachrymæ*, we imagine), and reputable member of the American Medical Association. They attempt not only to frown down any medical journal which publishes articles by him, but even to ostracise his associates. Of course, their efforts in either of these directions only serve to display an impotent malignity, but we do regret that medical men should thus expose their weaknesses.

Correspondence.

DOMESTIC.

Case of Chorea Chronica.

Eds. Med. and Surg. Reporter:

Since the monographs of Wicke and Sée, the literature of chorea has been so fully elaborated, and the causes producing this affection, so completely enumerated, that an apology is perhaps due for reporting a case for publication without complete and elaborate study of similar cases for comparison. The peculiarities of this case, however, seem to justify a deviation of this rule. As the duration of chorea was fourteen years, without interruption, it may serve to fill up a list of such cases to be compiled by some more competent observer.

Mary, the eldest child of healthy parents, of a vigorous long-lived race on both sides, when nine months old, fell, by accident, from her nurse's arms from the veranda of the second story to the pavement below, a distance of fourteen feet. At the time severe bruises were noticed, especially on the right side and near the spine in the dorsal region. At the time of the accident she was an active, rosy child, and had made several attempts at walking. For about three weeks after the accident she seemed utterly helpless, crying at the least motion; and for the greater part of the time lay upon a pillow moaning pitifully. Her sleep was irregular, bowels constipated. As she began to recover, it was noticed that she could not grasp objects presented to her, and the motion of her hands was irregular. After a time her health seemed to be restored. In about six months after the fall her attempts at walking were renewed, but her steps were irregular and uncertain; and when she had achieved the great feat of walking alone, it was with uncertain, stumbling steps. She was constantly falling, and it was observed that she could not sit still for a short space of time without constant twitching of the right foot.

Her right hand was almost constantly in motion, and when emotion called her sensibilities into action her wild, irregular motions were truly painful. Her growth continued in correspondence with her years. Her infirmity provoked the ridicule of the school children, which was to her intolerable, and as a consequence she acquired a dread of school and books, and after many attempts to overcome her "nervousness," each one failing, she was left to grow unrestrained in her play. Under this system she somewhat improved, but was regarded as nervous and careless, and unsafe to be trusted with breakable articles.

When I first took charge of the case, I found her an excitable child-like girl of fourteen years of age, and of fair muscular development, shy and restless, and constantly striving to hide her involuntary movements, which were sometimes ludicrous enough. The face was not involved. The hand and arm of right side and also the lower extremity of the same side were alone involved. The motions seemed to be confined almost entirely to the extensor muscles. When an attempt was made to keep the limb passive, and when motion was attempted, there was evident want of coördinating power. On examination of the spine, there was found in the region of the upper dorsal vertebra a sense of tenderness, not well defined, but on quick, strong percussion it was developed, but its limits not sharply defined. She also complained of pain which seemed to be confined to the muscles of the chest on right side. Frequently after a day of unusual activity the poor girl would complain of pain in the limbs on right side. She always spoke of her rheumatic pains, but I was convinced that this was rather from exhaustion from excessive motion than rheumatic ovulation. Lungs and heart normal. Her mental faculties were bright considering her aversion to study.

That there must have been some truly substantial lesion in this case seems to be conclusive from the long continuation of the case.

Treatment consisted in first freeing her from all anxiety. Practice of dumb-bells, and the application of the current of electricity (using Kidder's Battery), along the spine; the dry towel bath; bromide of potassium, in doses of ten grains, thrice daily, until a slight eruption made its appearance; then this was omitted, and two drops of Liq. potas. arsenit. U. S. P., well diluted, given, thrice daily. During this time the menstrual function was developed. Gradually she became conscious of improvement. All medicines were discontinued, and she was encouraged to take part in the domestic duties of the household. At the present time all her choreic symptoms have disappeared.

She has regained her confidence; her manner and bearing have greatly improved with her sense of usefulness and importance.

How much treatment has contributed to her recovery I am unprepared to assert with confidence, having seen but this case of such protracted chorea. H.

Scarlet Fever.

EDS. MED. AND SURG. REPORTER:

Elmer Caprin, æt. 9 years, complained November 1st, 1870, of great pains under right arm, attended with high fever, headache and vomiting. Was called to see him November 3d; found the right axillary gland and arm intensely swollen; pulse, 120; tongue, florid with prominent papillæ; delirium, and a scarlatinal eruption over the entire body. Prescribed

℞. Vin. antim.,	f.ʒss.	
Liquor ammon. acetat.,	f.ʒjss.	
Aquæ,	f.ʒvj.	M.

Sumat ʒss quartâ quâque horâ.

Lard and friction to the skin.

Nov. 4th. Delirium and coma; constant, incoherent talking; urine clear and scanty. Treatment continued, and to have in addition,

℞. Infusum digitalis,	f.ʒij	
Spts. etheris nit.,	f.ʒss.	
Vin. colch. rad.,	gtt.x.	M.

Every six hours, and a Dover's powder and camphor each, 4 gr. at bed time.

6th. Urine very much increased, containing sediments. Delirium less active; answers questions correctly; eruption fading; but now complains of great pains in the knee, which is swollen and painful to the touch.

Flannel steeped in hot infusion of vinegar and hops was applied to the painful knee with benefit.

Nov. 9th. Pulse 90; tongue glossy; eruption disappeared and desquamation going on freely; pain less in the knee, and axillary swelling softening.

Nov. 10th. Lanced tumor under arm, which caused a discharge of about three ounces of seropurulent matter. After this the patient had a firm swelling in the left parotid gland. This gland was not involved until the swelling of the axillary gland subsided.

Nov. 21st. Was called to see William Caprin, of the same family. Found him in the initiatory stage of scarlet fever; angina quite prominent.

Nov. 25th. Nothing unusual discovered until to-day; find patient suffering from swollen arms and hands, and almost entire paralysis of both arms; vol. liniment and friction to be applied freely.

Nov. 27th. Arms no more swollen, and paralysis removed, but now suffering from great pains and swelling of posterior cervical region. This gave way in 36 hours and patient convalescent.

Nov. 30th. Both patients well.

Inquiry.—Were the swelling and pains accompanying these cases rheumatic, neuralgic, or an inflamed condition of the cellular tissue? and can the shifting pains and swelling be regarded metastatic or rheumatism. J. K. HOLLOWAY, M. D.

Akron, Ohio, Dec. 12, 1870.

Case of Face Presentation—Complication from Cervicitis (?)—Version—Death of Mother in a Convulsion.

EDS. MED. AND SURG. REPORTER:

I was summoned, December 29th, 1870, to attend Mrs. B.—— in labor; made examination and found the os uteri hard and unyielding, with irregular pains, sufficient to prevent sleep during the night; called the next day and found the os slightly dilated, very thick and nodulated. As the bowels had not acted for the last two days, I ordered oil, to be followed with an opiate; left with directions to be sent for if the pains became more urgent.

January 1st, 4 p. m.; was sent for in haste, to find strong, regular pains every ten or fifteen minutes, the os sufficiently dilated to admit the hand; face presenting; waters leaking slowly away; was forcibly impressed with the condition of the os.

Anterior lip hard and unyielding, extending low in the vagina; while the posterior was thin, and seemingly dilated to the utmost capacity. Every effort to change the position to one of vertex, (and at the same time to guard against injury to the os), by pushing up the face, or pulling down the occiput, caused greater efforts at expulsion, and soon the face became firmly impacted in the brim of the pelvis. At this stage a mixture of chloroform and ether was ordered for inhalation, with a view to renewing the efforts at redressing, by using the vectis over the occiput and depressing, while the other

hand elevated the face; by these means the head could be moved up; but now the contraction of the uterus tended more to force the face down, as the thin portion of the os had slipped over the chin, leaving the enlarged part in the vagina. I now directed that assistance should be sent for, and in a short time my friend, Dr. CREADICK, arrived and joined in further efforts to correct the malposition; but owing to the prolonged stage of the first part of labor, the patient was greatly prostrated, and prompt delivery was called for, either by craniotomy or version; and as the fetal heart could be distinctly heard, the head, in the superior strait, with but little hope of getting it lower, we made the choice of version, which was accomplished with considerable force, but without laceration of the parts. The uterus contracted firmly, and the loss of blood was not greater than in most difficult labors.

Pulse feeble but improving by the use of brandy for half an hour after delivery, when she was seized with a convulsion, and died in a few minutes. The child was still-born and above the average size.

Such in brief is the medical testimony of a case that has given rise to a vast amount of gossip, as to the negligence or want of ability in the management of this case, so much so, that the coroner was notified to hold an inquest. Dr. SHAPLEIGH, in his official capacity as coroner's physician, made the necessary examination, and reported in accordance with the facts above given. The jury returned a verdict of "death in confinement."

A. C. DEAKYNE, M. D.

Philadelphia, Jan. 1871.

Curious Effects of a Wasp Sting.

EDS. MED. & SURG. REPORTER:

On the 31st of October last, as I was sitting in church during night services, the weather being rather cool, a red wasp which had been roused by the warmth fell from the ceiling, and becoming entangled in my whiskers stung me twice in the throat, beneath the angle of the lower jaw-bone, in or near the submaxillary gland of the right side. The pain for a minute or two was intense, immediately followed by a peculiar taste, which can only be described by saying that it was a singular combination of palatal and nasal sensation, such as is noticed when a nest of these wasps is disturbed, and they dart about through the air.

But the circumstance which most attracts attention, and which I consider the curious point, is the duration of the sensation; for a week it was constant and very annoying; it then became intermittent, but very pungent whenever I was heated by exercise or approached a hot fire. It is impossible to explain how much discomfort resulted from it. It has gradually grown less observable, till at the present time I do not recognize it more than once a week, and then only in a hot room. Have you ever had your attention called to anything of the kind before?

M. L. CATRON, M. D.

Madisonville, Mo., Dec. 27, 1870.

Treatment of Diphtheria.

EDS. MED. AND SURG. REPORTER:

During the past year we have had prevailing in our town, and over a great portion of the county, an epidemic of diphtheria of a malignant character.

The treatment given in books on that subject appeared to have no control over it whatever. Indeed I think the medicine that is most popular, muriated tincture of iron, has a bad effect; all of those who could express their feelings, said they felt worse after taking it.

After spending some time trying such medicines as had been recommended by others, and finding their effect was not that desired, and seeing that the membrane was the cause of death in every case, I resolved to find, if possible, a medical agent that would destroy it, believing that it would also neutralise it in the circulation, and thereby check its formation. I took some membrane from the throats of my patients, and subjected it to the action of all the medicines that I had reason to believe would affect it. I tried the acids, which only made it harder; notwithstanding I have seen it stated that lactic acid would dissolve it. I then tried the alkalies and other medicines. Bicarbonate of soda and liquor potassæ being the only ones that had the desired effects. Bicarbonate of soda in concentrated solution dissolves it slowly, liquor potassæ as soon as it comes in contact.

I at first gave the bicarbonate of soda in very large doses as an internal remedy, at the same time using the potassa diluted as a local application to the membrane. I found that the potassa would clean the throat of membrane; but the soda would not check its formation. I then gave the potassa internally, to adults in doses of twenty drops, largely diluted, every three hours, until the disease begins to decline, which it has never failed to do within twenty-four hours; then I diminish the dose, and I have never seen any bad effects from it.

I have discontinued using it as a local application. The membrane ceases to increase as soon as the system becomes affected by the medicine, and will, in a few days become detached. I am so well pleased with action of this medicine, that I think it will prove to be a specific. I hope those having the disease to treat, will give it a fair trial.

J. T. COSTEN, M. D.

Newtown, Worcester co., Md., Jan. 6, 1871.

News and Miscellany.

PHILADELPHIA ITEMS.

The Philadelphia Hospital Medical Society, which was suspended by the relapsing fever epidemic last summer, has been reorganized with Dr. J. E. Mears as President, and Dr. R. D. Murray as Secretary. It meets in the library room of Philadelphia Hospital, on the first and third Saturdays of the month, at 8:30 P. M. The vast resources of the hospital give the members opportunity to make their meetings very interesting. The profession are invited.

Children's Hospital.—The annual meeting of the contributors to the Children's Hospital, on Twenty-second street, below Walnut, was held recently at the institution. Mr. C. Biddle occupied the chair, with Dr. T. H. Bache as Secretary.

From the report of the Board of Managers, it appears that during the past year 113 in-door cases have been admitted to the hospital, and 2915 patients have been prescribed for at the dispensary 6291 times.

The exhibit shows a decided increase over the past year. The expenditures for the year 1870, amount to $5232.03, and the receipts were $6100.40. Since the opening of the institution in 1855, 1511 in-door and 25,192 out-door cases were attended to. 63,646 visits were made to the dispensary. The total receipts of the treasurer in fifteen years were $79,356.50, which amount was expended as follows Current expenses, $40,845,70; purchase of lot, $7512; building of hospital, $40,039.32; invested, $3830.

The following officers were then elected:

President—G. A. Wood.

Vice President—F. Mortimer Lewis.

Treasurer T. H. Bache, M. D.

Secretary—Francis W. Lewis, M. D.

Managers—George W. Wood, M. D., William R. Lejee, George A. Wood, W. H. Drayton, Morton P. Henry, Edward S. Clarke, Richard Wood, Henry Winsor, F. Mortimer Lewis, Francis W. Lewis, M. D., T. H. Bache, M. D., Atherton Blight.

Officers elected by the managers:

Attending Physicians—Hillborne West, M. D., James H. Hutchinson, M. D., Murray Cheston, M. D.

Attending Surgeons—H. Lenox Hodge, M. D., George C. Harlan, M. D., John Ashhurst, Jr., M. D.

Consulting Physicians—J. Forsyth Meigs, M. D., and J. M. Da Costa, M. D.

Consulting Surgeon—George W. Norris, M. D.

Dispensary for Skin Diseases.—An incorporated institution bearing the name of "Dispensary for Skin Diseases," has been organized and opened in this city, at No. 216 South Eleventh street, for the purpose of giving gratuitous advice to those afflicted with these maladies. The want of an institution of this character in Philadelphia has long been felt, and its inauguration cannot be regarded otherwise than with favor by the friends of the poor and the public at large.

Appreciating the want of a separate institution of this kind in a city with 700,000 people—there being no other for the exclusive treatment of these diseases in Philadelphia—the trustees have opened the Dispensary for Skin Diseases, and solicit contributions from their fellow-citizens, which will be thankfully received. The dispensary, under the charge of Dr. L. A. Duhring, is open daily at eleven o'clock.

The following are the trustees: S. D. Gross, M. D., President; H. A. Duhring, Treasurer; Frederic Collins, Edward N. Wright and J. Warner Johnson.

Orthopædic Hospital.—The annual report of the Philadelphia Orthopædic Hospital for Deformities and Nervous Diseases, submitted at the meeting of the managers, states that 210 patients were treated during 1870, of whom 24 were admitted into the wards. 52 surgical operations were performed, for relief of club-foot and other contractions and deformities. The following officers and managers were elected for the ensuing year:

President—Charles Macalester.

Secretary—Alfred Jones.

Treasurer—Jos. C. Turnpenny.

Managers—Edward Hopper, Charles Ellis, Jos. Jeanes, Charles Macalester, Dillwyn Parrish, Richard K. Betts, George W. Childs, Hon. William S. Peirce, Thos. J. Husband, Alfred Jones.

Medical Staff—Prof. S. D. Gross, M. D., Geo. W. Norris, M. D., Thomas G. Morton, M. D., D. Hayes Agnew, M. D., S. W. Gross, M. D., H. Earnest Goodman, M. D., and S. Weir Mitchell, M. D.

Orthopædic Mechanist—D. W. Kolbe, 19 South Ninth street.

The managers state that the hospital is supported by voluntary contributions, and that they now appeal to the public in behalf of the institution. The President or Treasurer will receive contributions.

——In the Supreme Court, Circuit, N. Y., Jan. 5, before Judge Van Brunt, suit was brought by Donald Munroe to recover $5,000 from Dr. Hodges, of West Thirty-second street, for the death of his wife, through the doctor's alleged inefficiency and neglect. The evidence showed that in August last Mrs. Munroe gave birth to a child and after the birth the doctor went home. About an hour later a second child was born, but before the doctor could return the woman died. The Court, on the evidence submitted by the plaintiff, held that no malpractice was shown, and directed a verdict for the defendant.

QUERIES AND REPLIES.

Dr. S. F. B., Mo.—The *American Journal of Pharmacy*, published in this city, is the best pharmaceutical journal we know of; $3 per annum. We have attended to the Boston *Journal of Chemistry*.

Dr. J. W. B., Ill.—We recommend Hodge's Forceps; price $7.

Dr. J. G. W., Ohio, says "THE REPORTER grows daily more valuable to me, and its excellent Clinical Reports carry me back to the days when a student upon the hard benches of "Old Jeff," I was wont to listen to the clinical teachings of MITCHELL and DUNGLISON, PANCOAST and GROSS."

Dr. E. S. M., Cal.: "Your journal is my best medical adviser."

WORDS OF ENCOURAGEMENT.

Dr. D. M. C., Ohio.—"I have been taking five or six medical journals, and find it impossible to read them and attend to my professional duties, and have made up my mind to drop some them, (a hard task, as some of them I have taken for nearly 20 years) and have weighed the matter well, and find I can give them *all* up rather than your ever welcome journal."

Dr. T. A. E., Pa.—"The more I read THE REPORTER the better I like it."

Dr. R. A. B. Ala.—"Inform me when my subscription to THE REPORTER is due; I would not like to be without it for even one week."

Dr. E. M., Me.—"I am more and more deeply interested in THE REPORTER every year."

Dr. T. H. W., O.—"I would not do without THE REPORTER and COMPENDIUM for double the amount of their cost."

D. M. L. C., Mo.—"I have been reading the back numbers of several years of THE REPORTER, obtained from the estate of a physician who died last year, and consider it the most valuable work of the kind I ever saw, and indispensable to a practicing physician."

"The Country Practitioner."

Dr. M. S., Ill., writes: "I thank you most heartily for what you have said in THE REPORTER, of the 24th ultimo, in behalf of 'The Country Practitioner.' Having been engaged in such a practice for more than thirty years I can endorse every word in that article, and I believe that every country practitioner throughout our entire country will join me in saying those words are 'like apples of gold in pictures of silver.'"

Dr. J. G., Iowa, says: "Accept thanks for the marked ability and faithful perseverance with which you advocate all just principles that give standing and character to our noble and humane profession. 'The Country Practitioner,' in THE REPORTER of Dec. 24th, is apropos, and will reach the warmest nook in thousands of hearts.",

OBITUARY.

DR. AUGUSTUS MATTHIESSEN.

The distressing circumstances under which the death of this distinguished chemist and electrician occurred are mentioned in the foreign papers. An absurd charge had been trumped up against him. He was a man of great sensitiveness and of unquestionable purity of character. A note which he wrote, referring to the charge says: "Although I am innocent, it blights all my future prospects, and I have therefore resolved to resign all." He was found dead in his room, having taken poison "while in a state of temporary insanity." His earliest chemical successes were in the preparation of metals from the alkaline earths by new processes, and in quantities that enabled him to determine a number of valuations of their various properties previously known only indefinitely. In the fixing of different elements entering into calculations of the conducting power of metals, Prof. Matthiessen's researches became of great practical as well as scientific value. The laws thus deduced are now in constant use by practical electricians in telegraph estimates and processes. His most recent researches into the characteristics of pure iron and its alloys have led to great metallurgic successes. A peculiar conscientiousness gave to his scientific statements a trustworthiness which attracted remark from his contemporaries upon a recent occasion, when he was presented with the medal of the Royal Society.

DR. J. RHEA BARTON,

whose death in this city, on January 1st, has been announced, was born in Lancaster, Pa., in 1794. He was the son of William Barton, and the grandson of Rev. Thomas Barton, who married the sister of David Rittenhouse, the celebrated astronomer. He was also a nephew of the celebrated naturalist and antiquarian, Dr. Benjamin Smith Barton. After graduating at the University of Pennsylvania, Dr. J. Rhea Barton commenced the practice of medicine in Philadelphia, and became distinguished as a surgeon, excelling particularly in the treatment of difficult cases. In the steady pursuit of his profession for thirty years, he acquired an ample fortune, which was largely increased by his marriage to the daughter of Mr. Jacob Ridgeway. He died of pneumonia.

DR. A. S. WEATHERBY.

Died of Consumption at Cardington, Ohio, Nov. 23rd, 1870, Dr. A. S. Weatherby, aged 33 years and 6 months. He was born near Chesterville, O., April 15th, 1837. Commenced the study of medicine under Dr. N. E. Hackedorn, of Galion, O., Oct. 22d, 1858, and graduated in the Cincinnati College of Medic ne and Surgery, February 14th, 1862. In March following he commenced the practice of medicine in Cardington, O., where he continued until his death. He was a man of great force of character and unbending integrity; an earnest Christian gentleman, ready for every great work. He was unusually ardent and laborious in his profession, and reached a degree of practical knowledge and success rarely attained by one of his age. He held honorable places of office among his medical associates and his death is mourned by all who knew him. His end wrs that of the good man.

A. J. L.

MARRIED.

CHURCHILL—GARNER.—January 2d, at the residence of the bride's mother, Jeffersonville, Ind., by the Rev. E. H. Wood, Dr. J. F. Churchill, of Sciota, Ills., and Miss Annie R. Garner, of Jeffersonville, Ind.

DILDINE—ATCHLEY.—December 22d, by the Rev. P. A. Studdiford, David D. Dildine, M. D., of Hope, Warren county, N. J., and Jane E., daughter of Wilson Atchley, esq., of Hopewell, Hunterdon county, N. J.

GRAHAM—FORTNEY.—By Rev. John McMillan, Dec. 29th, at the residence of the bride's father, Dr. D. M. Graham, of Braddock's Field, and Miss Alice J., eldest daughter of Mr. George Fortney, of Pleasant Unity, Pa.

LISK—THOMAN.—At the residence of the bride's father, December 29th, 1870, by the Rev. J. Winters, of Crestline, assisted by the Rev. Mr. Miller, of Galion, Dr. B. F. Lisk, of Lone Tree, Neb., and Susie, eldest daughter of John A Thoman, esq., of Crestline, Ohio.

MILAN—STARR.—On the 28th of December, 1870, at the residence of Mose Starr, in McCracken county Ky., by Rev. R. G. McLusky, Dr. M. G. Milan, and Miss Kate Starr.

SWEET—AYRES.—In Denver, Colorado, at the American House, December 21st, by the Rev. J. L. Peck, Dr. Richard W. Sweet, of Central, and Miss Frank L. Ayres, of Ackron, Ohio.

FISHER SUTPHEN.—December 28, by the Rev. Samuel Harrison, Farley Fisher, M. D., and Miss Annie R. Sutphen, both of Ringoes, Hunterdon county, N. J.

DIED.

CARTER.—December 30th, at Baltimore, Maryland, Dr. John Calvin Carter, eldest son of the Rev. J. P. Carter, and late Assistant Surgeon United States Volunteers.

CLARKSON.—Dr. C. C. Clarkson, one of the City Dispensary physicians of Newark, N. J., and during the war a surgeon in the navy, died in that city January 9th.

COTTRELL.—In Columbia, Pa., on December 27th, James Myers, son of Dr. Joseph F. and Hallie M. Cottrell, aged 1 year, 9 months and 19 days.

THE
MEDICAL AND SURGICAL REPORTER.

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Original Department.

Communications.

FATTY DEGENERATION OF THE HEART—ANGINA PECTORIS.

By Ralph S. Goodwin, M. D.,

Of Thomaston, Conn.

It happens not unfrequently that during the inhalation of chloroform, before very much of the anæsthetic has been administered, the patient suddenly is dead, and all efforts at resuscitation are vain. The autopsy shows fatty degeneration of the heart. So difficult is the diagnosis of this fatal condition, that a faithful inquiry into the previous history of the case, as well as a thorough auscultation before giving chloroform, may have failed to detect any cardiac lesion. So, too, during the career of a slow fever or of any acute inflammatory disease, producing *per se* only moderate exhaustion, the patient may die from this affection, leaving the friends and physician astounded and wholly unable to account for the sudden disaster. The clinical history and diagnosis of this disease are so obscure that the physician may be unreasonably censured by thoughtless and prejudiced persons, for lack of skill and for prognosticating speedy recovery when death was so near at hand. The best answer to such unjust imputations is the revelation which the post-mortem examination is sure to make. Death, however, will rarely occur in such cases without some preliminary warning. A train of premonitory symptoms, slight though they may seem, will lead the close and thoughtful student to suspect this lesion, which is a very grave complication in any disease that we may be called upon to treat. The truth of these remarks is illustrated by the following case:

Mr. H., æt. 59, weight 160 lbs., of good habits and health, slightly inclining to obesity, was taken sick Oct. 17th, 1870. I was called to see him for the first time on Oct. 18th. He stated that he was *bilious* and wanted *physic*. I at once recognized his case as one of remittent fever, similar in all respects to many others of a malarial origin which I have seen and treated during the past season. The symptoms of his case from that day till Oct. 30th, were only those which usually accompany fever of a remittent type, viz: Daily exacerbations, slight chills, dry and furred tongue, etc. The pulse ranged from 75 to 100, with no intermissions nor great feebleness. The appetite was gone, the urine highly colored and somewhat suppressed. There was no delirium nor diarrhœa. The strength of the patient was not unusually exhausted, he being able to sit up for a few minutes each day. On the 30th he was seized with pain of a neuralgic character, in the hypochondriac region, on both sides of the chest, and radiating in various directions. This pain occurred in paroxysms upon any slight change of position in bed, and was accompanind by considerable dyspnœa, with mental depression and a fear of impending death. I made repeated examinations of the heart, but could detect no abnormal condition, except diminished intensity of the first sound heard over the apex. The rhythm was perfect and the rate about 80 per minute. These paroxysms of *angina pectoris* occurred at intervals of variable length, and gradually decreasing in frequency until Nov. 4th, when they disappeared altogether. They were regarded, in the absence of any discoverable heart lesions, as of no very grave significance. The patient's strength and appetite now seemed to improve. The pulse fell to 70 and was not very notably weak. The tongue became clear and moist,

the mental depression was gone, and a speedy convalescence was looked for by all.

The patient now had no dyspnœa, and complained of nothing except coldness of the extremities. His condition seemed to improve slowly till the 9th, when he died suddenly, in great pain, with only a few minutes' warning.

In the treatment of the case, the only remedies used throughout, were quinine, carbonate of ammonia, opium and whisky. At the time of his death he was taking two grains of quinine every eight hours, and a few ounces of whisky daily.

An autopsy being requested, was readily granted, and 30 hours after death, assisted by my friends Drs. SALISBURY and WOODRUFF, I proceeded to make the examination, with the following results:

Rigor mortis was well marked. There was no perceptible emaciation, but there were abundant deposits of fat in the walls of the abdomen and chest. The bowels were in a perfectly natural state. The lungs were normal. There was no unnatural effusion in the pericardium; the heart was not ruptured. The liver was normal—kidneys not examined. On removing the heart, its muscular tissue was found to be extensively degenerated. The right auricle and ventricle were one mass of fat. The muscle at the apex of the right ventricle had only the thickness of coarse paper and was only a little thicker at the base. The degeneration had commenced also in the left ventricle, but had not proceeded to so great an extent. The muscle was of a pale yellowish color and broke down easily under the finger. The cavity of the heart was empty and all its valves were perfect. The weight was barely nine ounces. Microscopical examination of the muscular fibres revealed oil globules and obliteration of the transverse striæ.

The post-mortem appearances in this case seem to indicate—

1st. That the *right* side of the heart may be the principal seat of this lesion, while the left ventricle, the part usually most affected, may remain so far unimpaired as to keep up the general circulation with tolerable regularity and force till the last moment of life.

2d. That death may take place in this disease not from rupture, nor from paralysis, occasioned by over distension of the cavity by blood, but simply from *sudden and total loss of contractile power.*

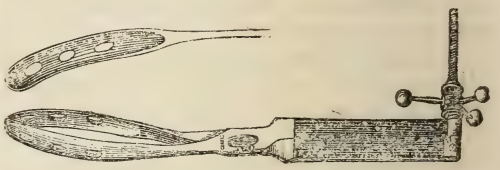
We may be admonished to be guarded in our prognosis when during the career of any exhausting disease in aged persons, symptoms of notable deficiency of heart power are detected, even though no diagnosis can be made of any cardiac lesion.

DESCRIPTION OF A NEW CEPHALOTRIBE.

By F. H. GETCHELL, M. D.,

Clinical Lecturer on the Diseases of Women and Children, to the Jefferson Medical College.

The subject has already received so much attention, that it is unnecessary for me to offer any extended remarks upon the advantages of the Cephalotribe over other instruments, in the operation for craniotomy. I only desire to describe and call the attention of obstetricians to a new instrument for the operation of cephalotripsy.



The instrument here represented, weighs two and a half pounds. The length of the blades or cephalic portion is six and a half inches by one inch and a half wide. The exterior of the blade is convex, while the interior is concave; the ends are rounded, and are in contact when the instrument is closed.

The blades are perforated with three oval fenestræ, three-fourths of an inch in length, and five lines in width, the outer edges of which are rounded, while the inner are left fair. As the head is compressed it indents itself within the fenestræ and effectually prevents the instrument from slipping when traction is made. The shanks are two and a half inches long and diverge from the lock; the length from the end of blade to the lock is nine inches. The lock is a combination of the broad button and the screw of the long obstetric forceps—while the screw can be removed the shoulder, or button, prevents any twisting of the blades when powerful compression is made. The length from the lock to the end of the handles is seven and a half inches, making the entire length of the instrument sixteen and a half inches, which is about the length of the long obstetric forceps.

The handles are strengthened by thin pieces of ebony on each side. The screw, which is the same as that in Hodge's compressor cranii, is attached to the end of the left handle. It is four and a half inches long, has three projecting handles, and by the means of these levers an immense power is obtained, far more than is ever requisite to crush the head. On account of the narrowness of the blades, the instrument can be applied when it would be impossible to put on the obstetric forceps. The advantages claimed for this cephalotribe are its small size, light weight, and the fact that the fenestræ in the blades prevent it from slipping while being used as a tractor, after the head is crushed. The principle objection to cephalotribes has not been that they failed to reduce the size of the head, but after having crushed it, that they slipped off when an attempt was made to use them as tractors. To obviate this, some instruments have the ends of the blades hooked, others have a row of teeth on the inside of each blade; but contrivances of this kind render it difficult to introduce and adjust the instrument, which is, no doubt, one reason why the cephalotribe is not more generally used.

The fenestræ in this instrument slightly decrease the weight, interfere in no way with its application, and enable the operator to make the strongest tractive efforts without danger of its slipping.

A CASE IN SURGERY A HUNDRED YEARS AGO.

[The following interesting case is reported to us by the venerable Dr. EBENEZER ALDEN, of Randolph, Mass. The notes were furnished to him by the widow of Dr. BAKER:]

John Stetson, aged thirty-eight, farmer, also accustomed to slaughter cattle, July 19, 1768, in a paroxysm of insanity secreted himself in a lonely place near a swamp, and with a butcher knife made a cæsarean section of his own body, ripping himself open from sternum to pubis. As soon as the deed was done, he came to himself, but could not make his cries for assistance heard. He rolled himself about among the leaves in agony; making also fruitless efforts to reach a neighboring spring, crawling upon the ground and dragging his bowels after him. At length he became exhausted and probably fainted, and thus the bleeding was staunched; so he remained during the night.

In the morning he was found, and life not being extinct, he was placed upon a straw bed and that upon a bier procured from the burying ground, and so conveyed to his house.

Dr. Moses Baker was in attendance, and first bathed the protruding bowels in warm milk and water, carefully cleansing them from the dirt and leaves with which they were covered. He then carefully replaced them within the cavity of the abdomen securing them with sutures, compresses and a bandage. Dr. B. watched over his patient with intense assiduity, making very frequent visits. By his request Dr. Joseph Warren, a distinguished surgeon, who aftewards fell in the service of his country at the memorable battle of Bunker Hill, saw the case, but made no change in the dressings, kindly saying that he could not have dressed the wound more skilfully himself.

On examining the account books of Dr. Baker now in my possession, I find the last charge for attendance and dressing was on the twenty-fourth day of August, thirty-six days after the injury. On the twenty-sixth there was a charge "for salve," when it is to be presumed the wound was so nearly healed as to need no further surgical attendence. The recovery was perfect, and the patient was able to labor in the same manner as he had done before the injury. He lived afterwards forty-three years until 1811, when he died at the age of eighty-one.

HOSPITAL REPORTS.

PHILADELPHIA HOSPITAL.

Wednesday, Dec. 21, 1870.

Surgical Clinic of JOHN H. BRINTON, M. D., Lecturer on Operative Surgery in the Jefferson Medical College; one of the Surgeons to the Philadelphia Hospital; and Surgeon to the St. Joseph's Hospital, etc.

[REPORTED WITH NOTES, ETC., BY RALPH M. TOWNSEND, M. D.]

GENTLEMEN: The first case I exhibit to you this morning is one which you will probably recollect. Two or three weeks ago I brought this man before you; he was then suffering from an extensive ulceration of the lower tarsal cartilage, the result, probably of syphilis. In your presence I cauterized this ulcer freely with the solid nitrate of silver, neutralizing the excess of nitrate with a strong solution of common salt, a process which I advise you al-

ways to adopt in applying this powerful agent to the eye. You see now the result. That deep ulcer has granulated to the surface, and the eye-lid is well. The after treatment in this case was simply an emollient application to the eye, and a general constitutional care of his syphilis.

Let me next ask your attention for a moment, to this case of inflammation of the knee joint, which has already been before you two or three times. Notice the result. The pain and effusion have disappeared, the puffiness has gone, and as far as the acute attack is concerned, the boy is well. The knee is, to a certain extent, tolerant of motion. His general condition is greatly improved, his restlessness anxiety and fever have all faded, and his apetite has returned. He is now on tonic and supporting treatment. I still keep his leg in a Stromeyer's splint, so that the extension may be increased each day by a turn of the screw.

Let me beg of you, gentlemen, to remember this case, and to fix indelibly in your minds the virtue of this treatment of articular inflammations by the bag of ice. This case passing under your own eyes, is worth more to you than any mere words of mine, or many paragraphs of cold, hard type. For as old Ambrose Paré wrote long ago, "neither the reading of books nor the daily hearing of teachers, can so vively express anything as that which is subjected to the faithful eyes and senses."

Chronic Rheumatic Arthritis.

I will now bring before you a man suffering from a disease of which we see a good deal in this hospital. His history is the following: he is 55 years of age, and during the last five or six years has been liable to repeated attacks of rheumatism, occurring especially after an exposure, and in the winter. These attacks have increased in frequency and duration, and have left him in his present conditon. Look at him, he can scarcely walk; he swings his arms with difficulty, and he has lost all motion of both wrist joints, and of most of his fingers. When I take hold of his his hands and attempt to move them, I find I cannot—not only do my attempts produce great pain, but I find that there is an absolute local hindrance to motion. These joints are in a condition of false or incomplete anchylosis. You know that we speak of two forms of anchylosis: *First*, false, incomplete or partial anchylosis, where the impediment to movement depends upon induration of the capsule of a joint, or upon fibrous formations in and around it; and *secondly*, complete or bony, or osseous anchylosis, where the articular surfaces are soldered, more or less perfectly by bone deposits. The latter is in some respects the more formidable variety of the two, and requires for its relief frequently, operations of great gravity.

Regarding the condition of the patient before you, and observing his absolute helplessness, you will naturally inquire as to the character of his disease. Chronic rheumatic arthritis is doubtless an affection as old as surgery; nevertheless, it is one which had not been fully described, until a comparatively recent date. It has been especially studied by Mr. Adams, and Mr. Robert Smith, of Dublin, and, indeed, it is to these gentlemen that we owe the distinctive name of the disease, and the knowledge of some of its peculiarities. It is an affection which is met with, as a rule, only in persons who have passed middle life, and it is stated to be more common in men than women—an assertion, which my own experience would scarcely confirm. It is not, however, common in the upper classes of life, and would seem almost to be confined to the lower classes, to those who are badly housed, badly fed, who are uncleanly in their habits, and whose life is not of the purest.

The essential characteristics of rheumatic arthritis are structural changes exterior, and also internal to the joint. Possibly the disease may originate as a subacute synovitis, or a subacute inflammation of the tendinous sheaths and fibrous structures outside of the joint. Of that I can not speak positively, but this I know, that generally its development is tedious and slow, and that at first, there is not much pain; but as the affection progresses, as the induration develops, we are apt to have effusions taking place in and around the joints, and as a result, suffering. The sheaths of the tendons become thickened, the tendons themselves cease to play in their proper grooves, and the heads of the bones become altered in shape. In some instances they are thinned and in others increased in size and covered with incrustations of new bone. The articular surfaces too, undergo most curious transformations.

The encrusting cartilage gradually becomes thinner and thinner; wears away, as it were, but the bone beneath does not necessarily necrose; on the contrary it often becomes of great hardness and presents a smooth and polished appearance, as of ivory or porcelain. This process is sometimes spoken of as porphyrization, and in one specimen in my cabinet, of a knee joint which has undergone this change, the articular surfaces of both tibia and femur are as hard and glistening as if they had been polished on a wheel.

But, to return to our patient. Can we do anything for him? Can we restore to his wrists motion, be it ever so slight; motion sufficient to enable him feed himself and take the ordinary care of his person? You see, his wrist joints are not only in a state of rigidity, but in one of rigid flexion. I have already, in a previous lecture, explained to you how it is that the flexor overpower the extensor muscles, and here you see a confirmation of what I then told you.

In this case, I shall have the man etherized, and shall then with the greatest gentleness, endeavor to break up these adhesions. I shall not do this roughly. I shall use no more force than is absolutely necessary. My object is to overcome the mischief which has already been done, rather than to bring about fresh trouble by unnecessary displays of force. Gentlemen, I beg that you will ever remember that you must always treat diseased joints tenderly. Force applied to them greater than is really necessary, savors of brutality and ignorance, rather than of the skill of an adroit and conscientious surgeon. I shall break up these adhesions without uncalled-for violence. I shall then put the forearm and hand in splints, cover the wrists with laudanum and water, and from day to day make passive motion, so as to keep what I have gained. If necessary I shall repeat this operation from time to time, always placing the the patient under ether, and giving him, as soon as he shall have emerged from his anæsthetic state a full dose of morphia and quinine.

[Patient etherized, and adhesions broken by gentle and repeated movement of the wrists.—R. M. T.]

Grafting in Ulcers.

I wish next, gentlemen, to make trial before you of a novel proceedure, which is now largely attracting the attention of surgeons. I allude to the transplantation of healthy skin to the surfaces of granulating ulcers. This process, of French origin or device, has been extensively practised in England, by Mr. Pollock, of St. George's Hospital, Mr. Dobson, of Bristol, and others. In some cases the results have been satisfactory, the little grafts of skin placed on the surfaces of ulcers forming their adhesions to the granulations beneath, becoming vitalized, and serving as so many fresh centres of cicatrization. In other instances the grafts have failed to adhere, have died, and the results have been negative.

Now I will try this process on two patients, both of them men past middle life, and both of them having, upon their legs, large ulcers. In one case the ulcers are indolent, in the other the surfaces of the sores are tolerably fresh and granulating. The latter case undoubtedly promises best for the success of our experiment.

In transplanting the skin, I will adopt the process of Mr. Dobson, thus: I raise up a fold of skin on the inside of the arm, and with a pair of scissiors I nip out a portion of the size of a pea of the whole thickness of the skin, being careful to avoid including any of the superficial fascia. This piece of skin I now place on my nail, and, with a sharp knife and by the assistance of my colleague, Dr. Pancoast, carefully cut into four or five pieces. Each one of these I then place upon the surface of the ulcer, having first made a bed for it in the mass of granulations with the handle of my knife. You see I wait until the bleeding, consequent upon this last manœuvre, has ceased, so that my little graft may not be washed away. Having placed all of these grafts in position, I then cover each one separately with a strip of isinglass plaster. This will retain it in situ, and at the same time allow me to watch the daily changes which may occur.

I will now in like manner place grafts, taken from the patient's own arm, upon the indolent ulcer, the surface of which I shall first make raw. You see that the grafts I have transplanted are, in both instances, very small; some difference of opinion exists as to this point. Most English surgeons, who practice this proceedure, take them of the size I have shown you; others prefer to have them larger. As to the relative advantages of the two methods, I have formed no opinion and can tell you nothing. I will try the small grafts to-day, and hereafter the large ones, and you can then judge for yourselves; as to what occurs after the grafting I can best inform you by reading this passage from the *Medical Times*, of Dec. 15th, of this city, in which the following passage is quoted from Mr. Dobson's paper:

"At about the second day the cuticle begins to separate; by the fourth day only a faint pale spot marks the insertion, or there may be no evidence left of it at all; by the sixth day a faintly vascular tuft of granulation appears. This becomes glazed, and in a few days more the usual covering of cicatrix is formed. The patch is usually circular, and presents slight ridges, and continues to increase in size, circularly, until it reaches its maximum of growth; for it has a maximum of growth. I have never seen a patch larger than a florin, and I have now seen large numbers of them. I should say that their average growth will not exceed the size of a sixpence."

In looking over the reports of cases of ulcers healed by this transplanting method, it would be seen that the period required is usually about one month, and that the average spreading in extent of growth of each graft, varies from a quarter to a half or three-quarters of an inch; so you can easily form an idea of the number of insertions which may be required in individual cases.

In the instances before you I will endeavor to protect the grafts and give them every opportunity to form their adhesions. The men will be brought before you again, and you will be enabled to see the termination of the experiment.

Stricture of Urethra.—I have now, gentlemen, to bring before you two cases of urethral stricture, both of which require operative interference. Before, however, proceeding to the operations, let me say a few words concerning the nature of the affection.

Urethral stricture may be defined to be a narrowing of the urethral canal. Some surgeons have looked upon stricture simply as a want of dilatability of the canal, but practically that is the same thing as a narrowing. This narrowing may be produced by various causes; it may be transient, and depend upon involuntary muscular contraction; and this we call spasmodic stricture; or, the stricture may result from swelling of the urethral mucous membrane—congestive or inflammatory stricture. *Finally*, and most frequently, the narrowing and partial occlusion of the urethra, may depend upon organic deposits in the walls of the canal, as of lymph; such a stricture is known as an organic stricture, and constitutes the variety most often demanding surgical interference.

It is to this form of stricture, that both of the cases before you belong, and of it I would now speak to you. Organic stricture may result from any exciting cause which leads to the formation of lymph. This may be inflammation, gonorrheal or otherwise; or, it may be violence in any form, whether applied directly to the interior of the urethra, as by maladroit or forcible use of an instrument, or force acting upon the perineum, as a kick, a fall, or bruising by the pommel of a saddle. Be the cause what it may, the lesion in stricture is the deposit of lymph in the walls of the urethra, and the consequent narrowing of its calibre.

Stricture may be found at almost any portion of the urethra; perhaps not at the prostatic, but certainly at every other part of the canal. Its most frequent seat is the neighborhood, say within one inch, of the membranous urethra. Now, what are the symptoms of organic stricture? You have seen many cases of stricture on this amphitheatre, and I need but recall to your minds the evidences of this disease.

Take this man's experience, if you please. His story is not his alone, but that of many a sufferer. He is now 35 years of age; nearly ten years ago he had a gonorrhœa which was "cured" by injections, he says, after lasting five weeks. It was, however, followed by a thin, gleety discharge, which continued at intervals for several years. After the primary attack he experienced some difficulty in making water; the stream of urine was altered. It was of less than normal thickness, was flattened and twisted, and at times forked. At a later period, during the last three or four years, he has been obliged to strain greatly in order to overcome the urethral obstruction; micturition has been frequent and painful, and the constant desire to micturate has been most distressing. His sleep has been disturbed, as he is always obliged to rise two or three times in the course of the night to empty his bladder. Often the soreness and pain is considerable, referred sometimes to the head of the penis, and sometimes to the perineum and pubic region. The bladder in this patient is doubtless in a greater or less degree of chronic inflammation, and probably has not been fairly emptied for a long period. The urine is turbid, and loaded with mucus and pus. This man has been the subject of much instrumentation, and is frequently in the habit of passing a small flexible catheter into his own bladder in order to relieve himself. It is possible, and indeed I think probable from the history of this case, and from the examination of the urethra that one or more false passages have existed, or are now present.

I have now given you the summary of the case before you, and such, gentlemen, is the story you will often listen to, if you deal much with urinary troubles. From the account given to you by a patient, you are led to suspect the existence of a stricture, but this suspicion you must verify before proceding to the treatment. How will you do this? Watch what I do:

I place this patient on the table, with his shoulders elevated, and his feet a little drawn up. I prefer to examine a patient in the recumbent posture, fainting is then less likely to happen, and should it do so, the position is, of course, vastly more convenient. I then, with this little syringe, throw into the urethra two or three drachms of warm olive oil, and by gently rubbing the surface of the urethra with my finger, I assist the lubricant in its passage down the canal and through the strictures, if any exist. I then select my instrument for examining the urethra—an inflexible one—either a nickel-plated steel bougie, which is very smooth, or a silver catheter, well warmed and polished. I introduce this, using no force, and now about two and half inches from the meatus, I meet an obstruction; I press the instrument against this gently; it yields, and the catheter passes on until arrested by an impediment just in front of the membranous urethra. Pressure here causes great pain; my patient becomes nervous and disturbed, and the instrument will not pass. Here is undoubtedly the main obstruction, the source of all the trouble in this case. I shall, therefore, have the patient etherized, and then continue the examination.

While this is being done, let me say a word as to the treatment of organic strictures. These may be overcome by a division or by dilatation, the two most trustworthy plans of treatment—for I will not even speak of caustics. Division of a stricture may be practised from within the urethra internal urethrotomy, or from without by one of the forms of external section. *Dilatation* may be accomplished gradually by the introduction, from time to time, of instruments, solid or inflexible, gradually increasing in size; or, it may be effected instantaneously by means of Mr. Holt's dilator,

which you have so often seen me use. Perhaps, as a rule, gradual dilatation is to be preferred where the presence of an instrument is readily tolerated, and where the stricture yields easily. But if the obstruction be very obstinate, or the necessities of the case demand an attempt at speedy cure, you may often resort to internal incision, or to Holt's method, with advantage. But you must always bear in mind that both of the latter methods are sometimes attended by constitutional shock and urethral fever. I frequently incise a stricture internally, but only when it is situated in the body of the penis; almost never, when it is so low down as the membranous urethra. In obstinate strictures, in any part of the canal, I, at times, employ Holt's rapid dilatation, although, occasionally, I have seen a good deal of irritation follow its use. But when it can be resorted to, it undoubtedly is most effective.

In the patient before you, the urgency of the case is great, he can hardly pass any urine, and only with great straining. I must, therefore, do the best I can for him. He is now etherized. I will divide, as you see I am doing, the upper stricture with my urethrotome, which is Charrieres' pattern. The largest sized sound now passes readily until it is arrested by the posterior stricture. This I must overcome, and I will do it by insinuating through it, the probe pointed end of this dilator, Richardson's modification of Holt's instrument. I push the blades close along the urethra until they enter the bladder; this I know to be the case from the escape of urine, which you see flowing away between the blades. I now grasp the handle of the instrument tightly and hold it firmly with my left hand, an assistant at the same time supporting the penis. I take great care to steady the instrument, in order to prevent any injury to the walls of the bladder. I next rapidly thrust down in the groove between the blades, this dilating rod, and as the blades or sides of the instrument separate before its onward passage, the stricture gives way; in other words, it is burst. This bursting, we are told by Mr. Holt, is confined to the lymph poured out around the urethral walls, the stricture proper. The mucous membrane of the canal is not in the great majority of the cases lacerated. This rupture effected, I turn the dilator once or twice from side to side, and then withdraw it. A little blood, not much, mixed with urine, escapes. I will now attempt the introduction of a large sound, No. 16 of Thompson's scale, and you see it passes into the bladder. This I withdraw, for I never, as you know, leave an instrument for any length of time in the urethra and bladder.

Let me add a word with regard to the after treatment of these operations. The shock is sometimes considerable, and rigors and urethral fever are not uncommon, especially if the case be at all irritable. These you can best guard against by the free use of morphia and quinine, one-fourth of a grain of the former and five grains of the latter, administered immediately after the operation, and repeated as occasion may require. There is yet another caution I must give you. You remember the old proverb that "a meddlesome midwifery is bad," so too, after such an operation as I have shown you, a meddlesome instrumentation is to be deprecated. Do not be in a hurry to tease your patient with your catheters and sounds; allow a few days to pass before you attempt their introduction, so as to afford time for the irritation necessarily attendant upon the primary operation to subside, and even then be careful and gentle in their use.

Such, gentlemen, is Holt's method of instantaneous rupture of urethral stricture, a proceedure which in many cases answers well, but which, nevertheless, must be employed with caution. It is only, I think, applicable in tolerant strictures, and should never, in my judgement, be practised in irritable strictures, or where the urethral trouble is accompanied by extensive organic lesions of the bladder, and especially of the kidneys.

In the other case of stricture the narrowing is situated at the meatus of a patient 32 years of age, and is about one-half an inch in length. It is a memento of an old gonorrhœa. Such strictures are usually obstinate and evince a great tendency to recurrence. The best treatment I can advise is their division, either with a probe bistouri or with the urethrotome. I will divide this one with this latter instrument, and then direct the patient to keep the opening patulous with a roll of lint. It is quite likely that I may be obliged to repeat the operation.

[Operation performed.]

COLLEGE OF PHYSICIANS AND SURGEONS.

Diseases of Women; Clinic of Prof. T. G. Thomas.

Prolapse of Uterus—2d Degree.

Mrs. C., æt. 22, four years married, was delivered of her first child nine months after marriage, and since then has been continually complaining of a dragging pain in the back, much increased at menstrual periods. When making any exertion, or going up or down stairs, this is particularly severe. Has also had the whites. Upon making an examination with the finger, it is found that the moment it enters the vagina, the os uteri is detected, and when carried behind the uterus, the fundus is felt in the hollow of the sacrum. This is not retroversion, as at first might be supposed, but the second stage of prolapse. Prolapse has three stages.

First. That of descent, in which there is no change in the axis of the organ.

Second. That in which there is change of its axis with descent.

Third. That in which it passes outside of the body.

The uterus in this process describes the same curve as does the head of the child in parturition, and in the case before us it has but passed into the curve of the sacrum, the cervix being directed downward and forward. The traction on the broad ligaments which ensues, is the direct cause of the pain, and at the monthly period the weight is greater, and as a consequence the pain is greater, but there is no dysmenorrhœa.

Treatment.—The patient can only be relieved, but this can be done effectually by means of one of Hodge's double-lever pessaries, modified by Albert Smith. This is adjusted so that one arm will pass into the fornix of the vagina, posteriorly to the cervix and maintain the uterus in its proper position; any further benefit must be accomplished by time.

The patient should also be directed not to wear tight fitting clothes, and to substitute skirt supporters for the ordinary method of lacing.

Rare Case of Tumor of Pelvis.

Ida Harris, æt. 22; negress; married six years; one child. Patient noticed three years ago that she had a small tumor in the left inguinal region, but it did not attain any size until recently. At night it is sensitive, especially so in bad weather. Menstruates twice a month.

Physical examination reveals an elongated tumor the size of the head. This tumor is hard as ivory and firmly attached to the false pelvis, but not connected either with the uterus or ovaries.

Dr. Thomas said that this case was the exact counterpart of one which was presented at the clinic some three or four weeks ago, and was in his experience, very rare. The treatment must be thoroughly expectant; medicines cannot reach it, and operation is not called for. It will be impossible to bear a living child, and for that reason the patient must be advised of the consequences of conception

Sub-Involution, with Degeneration of Mucous Membrane of Uterus.

Mrs. K——, youngest child two years old; has been sick since the birth of her last child. At that time complained of pain and swelling in her stomach; also, had flooding. During the last two months the discharge of blood has been exceedingly free. Dr. Thomas said that her physician had sent a note to him giving the history of the case. This gentleman, who was very competent in those matters, had made the intra uterine measurement to be 6 inches, whereas in reality it was but 3½ inches. The cause of the mistake was due to an enlarged fallopian tube into which the sound readily slipped. From the history of it, it was evident the case had puerperal endometritis, with sub-involution, and this endometritis had resulted in villous degeneration of the mucous membrane. The patient should be put on tonics and the curette applied to remove all excresences that might be present.

Medical Societies.

NEW YORK PATHOLOGICAL SOCIETY.

December 28, 1870.

Congestion of Cerebellum—Softening.

Dr. Finnell presented the cerebellum of a man aged 30. At the post mortem Dr. F. said there was great congestion, but from the effect of preservative solutions on the specimen this was not now so apparent. The other portions of the brain did not show this change, but the two lateral ventricles were greatly distended with fluid, each containing 4 oz.

The patient was in his usual health up to the day of attack, when he was seized with a severe pain in the back portion of the head. His physician ordered him cathartics. These operated, but no abatement of pain took place.

The next day he continued at his occupation of cabinet-maker, and in the evening again applied for relief. Opium was given, which but partially relieved the symptoms.

On the third day he again attended his business, suffering as much as ever. On the following day he did the same.

In the evening his physician called to see him bu found no alarming symptoms, merely a pulse of 80, with a coated tongue. His prognosis was that in a few days the patient would be much better. But 15 minutes after the doctor left the house, death took place.

Dr. Finnell thought that the cause of death was due to effusion into the ventricles, and recalled a case somewhat similar.

Spinal Cord—Gun Shot Wound.

Dr. Finnell also presented a section of spinal cord, to which there was attached a pistol bullet. The patient had been a prominent politician, and received the wound in one of the bar-rooms of the city. He lived for seven months after the injury, but had complete paraplegia with cystitis and constipation. The ball was found not to have entered the substance of the cord; merely to have pressed against it. The pelvis of either kidney contained calculi, and these are supposed to have given rise to the cystitis.

Dr. Loomis asked in respect to the kidneys of the first case but they were not examined.

Cyst.

Dr. SAYRE presented a small cyst about two inches in diameter which he had removed from the neck. This cyst was exceedingly deeply placed behind the digastric muscle.

Dr. HAMILTON saw the case and advised incision. But Dr. Sayre and assistants determined on excision. During the operation it was found that the cyst was with the greatest difficulty removed. The edge of the knife being necessary to enucleate it.

This growth was of six years standing. For the first five years of very slow development, but latterly has made rapid progress.

Reproduction of Bone by Periosteum.

Dr. Sayre presented also two specimens of bone with the following history: One year and a half ago he exsected the head and neck of a femur from a patient, who had morbus coxarius. Since then patient did well for a time, but eventually died. The trochanter major, neck and about half an inch of a globular head were reproduced; this head was covered by a substance either cartilaginous or resembling cartilage. The acetabulum was formed about half an inch higher up.

Dr. Sayre said that he failed to remove all of the dead bone, and in consequence, a prolonged suppuration ensued, giving rise to a large amyloid liver. The specimens of Dr. S. were referred to the committee on microscopy.

DR. JACOBI stated that he had seen at *Bonn* 8 inches of the shaft of the tibia reproduced.

Rheumatism having as Sequel Morbus Coxarius.

DR. SANDS presented a portion of the head of a femur which he had removed from a young patient. The following was the history of the case: The patient was aged 9, and previous to his illness was in very good health. During 1869 he was attacked with rheumatism, mainly affecting the lower extremities; from this he recovered perfectly. In the spring of the present year the disease again set in, and on this occasion it located itself in the left hip-joint; from this there was but partial recovery. Hip disease shortly after manifested itself, for which he was treated in Germany. During July he arrived home, and then Dr. S. saw him.

The limb was done up in plaster paris dressing, and everything then seemed so satisfactory that it was deemed better not to disturb it.

In October Dr. S. was again called to see it, when there was found a large abscess posteriorly together with dislocation of the head on the dorsum of the ilium. On the 20th of October, the head of the femur was exsected, without any difficulty.

The acetabulum was found to have been partly absorbed, and in this manner the dislocation took place.

Dr. S. was of the opinion that the plaster bandage was objectionable from obscuring the presence of an abscess.

Polypi of Bladder.

Dr. ERSKINE MASON presented bladder from a patient who had been admitted to Charity Hospital in a comatose state, and from whom no history could be obtained. The urine was ammoniacal and contained blood. The pelvis of either kidney was greatly distended. The heart showed signs of pericarditis. In the bladder were numerous polypoid growths, one of which dipped down and served as a ball valve to the urethra.

NEW YORK COUNTY MEDICAL SOCIETY.

January 9th.

A paper was read by H. KNAPP, M. D., of which we present the following outline:

Formation of Bone in the Eye.

All tissues occur in the eye with the exception of bone; and in the sclerotic of birds it is found also.

Different views are held in respect to its pathological occurrence in the human eye, some holding that the hard tissue which has been noted is merely false membrane calcified, and others that it was true bone.

The first case that came under my observation was a girl, æt. 17, suffering from scrofulous ophthalmia. She had been three years blind in one eye before I saw her; in the other the vision was but one-fourth of the natural standard.

On removal of the blind eye it was found that a hard shell extended from the entrance of the optic nerve to the *ora serrata*. This hard shell replaced the inner layers of the choroid and was covered over by one of connective tissue. The retina was completely detached.

An examination of this hard tissue by the microscope proved it to have the histological characteristics of true bone. This ossification is similar to what takes place from the periosteum; in other words it is ossification from connective tissue. The point of commencement of this bony formation is in the capillary layer of the choroid, from the fact that there the most abundant vascular supply is found.

Of all the cases that have been recorded, there was but one in which the retina remained adherent to the choroid, but it is a matter of but little value as the sight is entirely lost.

The most apparent cause for this condition is Indo-choroiditis. Extirpation of the eye thus affected is desirable, inasmuch as the other may be sympathetically affected.

Dr. KNAPP stated in reply to a question from the President, Dr. JACOBI, that calcification is very frequent, whereas ossification is exceedingly rare; but both one and the other may occur in the same specimen.

MEDICAL SOCIETY OF THE DISTRICT OF COLUMBIA.

The Medical Society of the District of Columbia held its fifty-third annual meeting on January 2d. W. P. Johnston, M. D., presided, and after a very handsome valedictory announced that the annual election of officers was the business of the evening.

The election was held, and resulted as follows: President, Dr. J. M. Toner; vice presidents, Drs. S. C. Busey and Wm. Marbury; corresponding secretary, Dr. W. B. Drinkard; recording secretary, Dr. W. W. Johnston; treasurer, Dr. F. A. Ashford; librarian, Dr. A. F. A. King; board of examiners, Drs. W. G. Palmer, D. R. Hagner, Lewis Mackall, jr., B. Thompson, C. M. Ford; censors, Drs. C. H. Leiberman, J. F. Thomson and Thomas Miller.

Dr. Toner, upon taking the chair, made an interesting address, in the course of which he gave the following valuable medical statistics:

The Medical Society has upon its rolls as members the number of 291; deceased or removed from the district 131; members in active practice, 150; members retired from practice, 22; licentiates engaged in practice, 18; members attending hospitals in the district, 15; members engaged in teaching in medical colleges, 20; members who hold salaried offices and clerkships, 20.

Of 119 members whose date of graduation is recorded on the roster of the society, two have been in practice 46 years; one 43 years; two 42 years; one 41 years; one 40 years; one 37 years; two 34 years; five 31 years; two 29 years; two 28 years; one 27 years; four 26 years; two 25 years; three 24 years; one 23 years; one 22 years; two 21 years; three 20 years; five 19 years; six 18 years; one 17 years; one 16 years; one 15 years; two 14 years; two 13 years; one 12 years; seven 11 years; two 10 years; nine 9 years; four 8 years; eight 7 years; four 6 years; six 5 years; six 4 years; two 3 years; eight 2 years, and two 1 year.

At the conclusion of the President's address the society adjourned.

REPORT OF THE NORTHWESTERN OHIO MEDICAL ASSOCIATION.

The fourth semi-annual meeting of the North Western Ohio Medical Association, was held in Wapakoneta, Auglaize county, December 1st., 1870. Dr. C. M. GODFREY, of Ottawa, Senior Vice President, in the chair.

E. L. SHACKELTON, St. Marys, essayist, presented a paper on "Cholera Infantum," which was well received, and gave rise to much discussion. Many cases of interest to the profession were reported, and the entire afternoon was consumed in their discussion.

Celina, Mercer county was selected as the place of next meeting; time first Thursday in June, 1871, at 10 A. M.

The Association is composed of resident physicians in the counties of Allen, Auglaize, Mercer, Van Wert, Putnam, Hardin and Hancock, has been organized two years, numbers about fifty members, and gives promise of becoming of great usefulness and benefit to its members. An earnest invitation is extended to every regular physician in good standing, in the counties named, to be present at our next meeting and become members. The time and trouble required will be more than compensated by the benefits of interchange of thoughts and opinions with your professional brethren.

SAM. A. BAXTER, *Ass't, Sec.*

EDITORIAL DEPARTMENT.

PERISCOPE.

Action of Hyoscyamine and Daturine.

M. M. Oulmont and Laurent, having made a number of experiments on the action of hyoscyamine and daturine, sum up the results at which they have arrived as follows: 1. Hyoscyamine and daturine act specially on the great sympathetic nervous system. 2. In small doses, they reduce the capillary circulation; in large doses, they produce paralysis of the vessels. 3. The arterial tension is increased by the administration of weak, and is diminished by poisonous, doses. These results are not modified by section of the pneumogastric nerves. 4. The frequency of the pulse is increased, and its fulness diminished. 5. Hyoscyamine renders the movements of the heart regular; daturine often produces intermittence and arrest of action. When applied directly to the heart, these alkaloids diminish the frequency of the beats, and produce complete arrest of the heart's action. 6. Hyoscyamine and daturine always accelerate respiration. 7. Hyoscyamine and daturine have no direct action on the nervous system of animal life. Sensation and motor power are not modified by them. In toxic doses, they blunt cutaneous sensibility. 8. These alkaloids have no action on the excitability of the striated muscles; they do not modify their structure. 9. In small doses, they accelerate the movements of the intestines; in large doses, they paralyze them. 10. The general phe-

nomena observed when these alkaloids are given are due to modifications of the circulation, and disappear rapidly. The alkaloids are soon eliminated, especially by the urine, in which they may be found. 11. The dilatation of the pupil which is produced is due to stimulation of the sympathetic; the third pair of nerves is not concerned in its production. 12. Small doses generally give rise to slight increase of temperature; large doses diminish the central temperature.

A Condemnation of Charpie.

Dr. von Nussbaum, writing from Orleans on November 24, regarding the wounded there, says that, above all things, charpie should be avoided; and sponges also, if syringes are at hand. He is, he says, always horrified when he finds gun-shot wounds or amputation wounds covered with dry charpie. Nothing worse, said Medical Councillor von Pettenkoffer to him twelve years ago, can be found; and from that time Dr. Nussbaum has avoided charpie. Charpie, like sponge, is a very porous substance; its extensive surface greatly favors the process of decomposition. Apart from its dangerous porosity, charpie is in itself rather dirty and disgusting. It is likely to have been made, he says, from shirts and other linen clothes, which perhaps have been soiled with typhus stools. From these compresses have been cut, which have been again and again fouled with pus, and washed. Finally, the patients have pulled these into charpie, in their dirty wards; and the charpie has lain there for a longer or shorter time until it has become poisoned, and it is then laid on wounds. Even allowing that some charpie has a better history, it cannot be denied that thousands of patients are every day engaged in preparing this material. But even the best and cleanest is dangerous on account of its great porosity, especially when it has been kept in a hospital ward. If there be not a syringe at hand, sponges may be used for pouring on water, but not for touching the wound.

Preparations of Conium.

In a late number of the *Practitioner*, Dr. John Harley sums up an article on this subject as follows:

1. The advantage of the green fruit over every other part of the plant is so clear and decided, that nothing need be said in favor of its selection as the basis of the tincture and extract. The extract of the pharmacopœia is a scandal to the present state of medical knowledge, and a spirituous extract of the green fruit ought as soon as possible to take its place; then indeed, we shall have an extract of which the proper dose will be "from 2 to 6 grains," instead of from 20 to 60 grains or more, which is the efficient dose of the present extract.

2. The variability of the strength of the succus must prove a serious drawback to its use, but this doubtless would be in great measure removed if hemlock were regularly cultivated for medicinal use in fixed localities. At present we are wholly dependent not only upon the wild plant, but upon the collectors, who, in order to be the first in the field, gather the plant as soon as it makes the least show of flowering, instead of allowing it to remain until the fruit begins to form, as is very properly directed by the British Pharmcopœia. Juice made from plants in this stage would have such activity that ʒij or ʒiv would be a powerful dose, whereas it is often necessary to give from one to three ounces or more of the watery succus prepared from the flowering plant; and this leads me to another matter, viz., the expensiveness of the succus, and I heartily second Mr. Berry's objections on this score. Indeed I cannot do better than quote from a letter of a patient of mine. He says: "From the 4th of October till the end of the month I took the conium regularly every day, omitting a day now and then, and at the end of that time I had to take two and a half ounces to produce the desired effect, and my general and local health seemed much improved. From the remaining part of the term till December I took the medicine in doses varying from two and a half to three and a quarter ounces every three or four days. I took the conium in these large doses up to the end of January, and then I had to take nearly four ounces to produce the effect. I can hardly afford to take the conium. Doses of three or four ounces are so frightfully expensive." This is a discredit to pharmacy, for hemlock is the rankest of our native weeds, and by an abundant yield of juice would well repay the room required for its growth—cultivation it requires none. If our pharmaceutists remain blind to their interests, medical men must help themselves, and annually rear a dozen plants in some waste spot of their garden.

These will yield them a pound of green fruit, from which, with very little trouble, may be made a *tincture* stronger than any juice that can be produced, and an *extract*, of which three grains would produce decided effects in most persons.

Treatment of Gonorrhœa by Local Means.

Dr. Thomas Hill, of Kennansville, North Carolina, writes to the Richmond and Louisville *Medical Journal:*

The very first case of this disease I was called to treat, the question presented itself to my mind, why, if this is a local disease, should I treat it constitutionally? Why fill the stomach with such nauseous drugs as copaiba, cubebs and all such gums?

Why may not this inflammation, purely local in its character, be treated as a simple local inflammation? Then if the specific disease still persists, if these remedies have a specific effect, why not apply them directly to the disease? I was not long in making up my mind to test the accuracy of my reasonings. I ordered the patient to retire at once to bed; gave him a syringe and directed that he should inject cold water into the urethra every half hour during the day, and to keep a cloth wet with cold water applied all the time to the parts. The next morning, on visiting him, I found the inflammation almost gone, and the discharge much thinner and of a lighter color. I had in the meantime prepared a bottle of Chapman's mixture, which I then directed him to inject once every four hours, the cold water to be continued. This treatment was continued for two days, when the case was, to all appearance, cured; to make assurance doubly sure, though, he was directed to use the mixture twice a day, for a few days. He had no further trouble.

For the last fifteen years this has been my practice, sometimes using the copaiba, at others, sulph. zinci, tannin, etc. During the last twelve months, having witnessed the admirable effect of carbolic acid in the treatment of local inflammation and destroying specific virus, I determined to try its effects in gonorrhœa. After subduing the inflammatioa with cold water, I prepared the following:

℞. Acid carbolic, gts.v to x.
Glycerin,
Water, aa. ℥ss. M.

This to be used three times in the twenty-four hours. I have yet to see the patient, who followed these directions, who was not entirely relieved in three days. I look upon rest in the recumbent position, as absolutely requisite. If any internal remedy is necessary, a good dose of epsom salts will be found the best. If the scalding of the urine be very severe, a teaspoonful of bicarb. soda in a tumbler of water, twice a day, will be found very effectual.

I have never seen any injurious results follow from the above treatment—such as stricture swelled testicle, etc.

Chloral in Insanity.

Dr. W. J. Elstun, in the *Indiana Journal of Medicine*, reaches the following conclusions:

I. It is more reliable in all classes of cases of wakefulness than any other agent known.

II. When given for an indefinite length of time, in extreme cases of acute mania to the extent of producing quiet or sleep, it has no perceptible effect in allaying the mania, but when the medicine is suspended the mania is as violent as before.

III. In acute mania, the effect of healthy sleep is not demonstrable after sleeping from this medicine; as the general symptoms of maniacal exhaustion proceed apparently with the same rapidity as when the mania is allowed to continue, even with prolonged loss of sleep.

IV. In sub-acute mania, melancholia, and other mild forms of wakefulness, great benefit is undoubtedly derived, and may be confidently expected.

V. The action of the chloral depending upon an alkaline condition of the blood for its change into chloroform—upon which change the specific effects are based—it may be suspected, in all cases of failure, that the blood is not alkaline; but may be in a morbid state, and either neutral or acid. In which event the condition of the blood may be corrected, and the chloral again administered. But alkaline correctives should not be resorted to while the system is supposed to contain any large quantity of chloral recently administered, else dangerous results may follow.

Worm Fever.

Dr. R. J. Darragh, of Columbus, Ontario, reports under this title the following case in the *Canada Lancet:*

I was called on the morning of the 30th ult. to see a little boy, aged six, who, as his mother informed me, had been sick for a couple of weeks, and she feared he had, or was going to have, scarlet fever; inasmuch as his sister, who was living out, previously had it, and after her recovery had been home on a visit and left again. The child she informed me, had been covered with a sort of a rash a few days previous to my seeing him, but it had remained only a short time and disappeared, and had not been seen since, nor did I see any trace of it.

I found my little patient in a high state of fever, skin excessively hot and dry, pulse 144, tongue coated at the edges with a dirty white fur, the middle and tip red with enlarged papillæ, the tip having the appearance of a ripe strawberry. His face was very much swollen; so much so, that the eyes —especially the left one—were almost closed. The abdomen was tympanitic, bowels loose, stools passed involuntarily and of a dirty green color. The little fellow complained of no pains whatever, and though six years of age, I could learn nothing from him. His mother told me she thought he was sometimes a "little out of his head." But there was no appearance of delirium while I was present. I asked her if she had noticed if he passed any worms lately, she said, not since last spring. I administered an emetic, composed of zinci. sulph. and ipecac. pulv.; ordered him a warm bath, and prescribed a couple of powders, composed of calomel, ipecac., and zinci. sulph., to be given in the course of the day, and left, promising to see him next day. Next day, before I had time to see him, his mother called at my office and told me the child was much

better, and she did not think it would be necessary for me to go and see him, (they lived in the country), she told me he had a very free vomit, and that he had ejected a large-sized worm. I then gave her a powder containing six grains of santonine, to be given when she went home, and followed in a few hours by a purge. I saw the little fellow next day and found him very much better, and learned that he had passed no less than seventeen large worms; after which he recovered rapidly.

Climate and Diseases of Alaska.

Dr. W. T. Wythe, in the *Pacific Medical and Surgical Journal*, says:

The climate of the interior of Alaska is very different from that of the coast. Along the coast the average temperature is about 40° Fahr. during the year, while on the other side of the mountains it is many degrees lower. The coast is very foggy and damp. The rain-falls are very frequent, and it is subject to very severe storms of wind. At Sitka, it is said that for a number of years past the number of days during the year, when it did not rain or snow, has been thirty-five. In the interior the climate is very cold in winter, and in summer somewhat warmer than on the coast. There is but little rain or fog. Snow falls to a great depth, and I have seen the ground frozen thirteen inches below the surface at midsummer.

The diseases of the northwest coast are modified by, and in many cases owe their origin to, the peculiar topography of the place and its climate, whether it is that of the coast or interior. In the damp, cold climate along the ocean, where the winds blow the greater portion of the time with great violence directly from the sea, disorders of the respiratory organs are the most frequent. Bronchitis is never absent; catarrh is seen at every change of weather. Sudden changes, when they are severe, often produce a catarrhal fever or influenza, with more or less bronchitis. Pneumonia often occurs, and seemed in sporadic cases to assume a typhoid type. During a few days of unusually warm weather an epidemic of bilious pneumonia made its appearance at Kodiak, attacking about fifty of the natives. The treatment consisted in opening their doors and windows so as to admit air, attention to the police of their houses, and quinine. Rheumatism is very obstinate, and occurs very often, and generally takes the articular form. Tuberculous diseases are very common among both natives and whites, and occur most frequently among the half-breeds. Phthisis pulmonalis runs a fearfully rapid course. Skin diseases are much more frequent than in the interior; eczema, especially, is often seen, but yields readily to treatment. Syphilis, in all its forms, seems to be found everywhere on the coast, and most of all in places where the whites have traded longest; it is slowly but surely killing all the natives of the northwest coast.

In the interior, rheumatism and bronchitis seem to be the prevailing diseases. On Cook's Inlet I met with a number of cases of intermittent fever: all occurred on a bluff several hundred feet above the sea, and where the houses were exposed to a strong breeze directly from the inlet. These cases were among white people, and might have been contracted elsewhere; but happening after a sea voyage of forty days, and in persons previously in good health, I attributed it to the locality. Scurvy also appears frequently in the interior, caused by lack of vegetables and fresh meat, and faulty hygiene. The long nights of that high latitude, the excessive cold and deep snow, and the lack of antiscorbutics, render it difficult to keep large bodies of men entirely free from it

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Treatment of Phthisis in Children.

Dr. J. Lewis Smith, in the *Medical Record* says:

Though the tuberculosis is so obstinate and fatal, it is often in our power, if forewarned, to avert it. A nursing infant, whose mother has the disease, should be immediately taken from the breast and intrusted to a wet-nurse. The health of the mother as well as the infant requires this. If the father has the disease, and the mother's milk is inadequate or of poor quality, and the infant is under the age of six months, the same change should be made, rather than supply the deficiency by artificial feeding. Children who are weaned should have plain but nutritious and easily digested diet, a part of which should be milk. If the predisposition to tuberculosis is strong, a little alcoholic stimulant may be allowed three or four times daily in the milk, though with the risk of creating an appetite for it. To an infant two or three drops of Bourbon whisky may be given for each month of its age, and to children of three to five years a teaspoonful. Residence in an airy and salubrious locality, outdoor exercise, a scrupulous avoidance of exposure by which a cold might be contracted, are necessary in order to the continued latency of the diathesis. Loss of flesh or appetite, or other evidences of failing health, indicate the need of additional measures of a therapeutic character. Iron, with cod-liver oil, citrate of iron and quinine, elixir of calisaya bark, or other tonic, should be employed in connection with the alcoholic stimulant and suitable regimen. By the employment of such precautionary measures as soon as indicated, multitudes of children might be saved from this disease who now perish.

The treatment of the general disease should be the same in children as in adults. The medicinal curative agents which are required in ordinary

cases are cod-liver oil, iron, or other tonic, and an alcoholic stimulant given three or four times daily. The oil is less unpleasant and more readily taken when combined with the stimulant. An eligible mixture is equal parts of cod-liver oil and wine of iron, or cod-liver oil with half its quantity of Bourbon whisky, and a few drops of the tincture of chloride of iron. It should be given after nursing or the meals. At the age of one year two drops of the tincture of iron and a teaspoonful of cod-liver oil would constitute an ordinary dose.

If the cod-liver oil is not tolerated, or if it impairs the appetite, it should be discontinued. In cases of diarrhœa, it is of little or no benefit, and it may do harm. Under such circumstances patients sometimes do better with simple regimenal measures, aided by alcoholic stimulants, and one of the least unpleasant of the tonics, as wine of iron or the calisaya bark. The regimen already recommended for prevention is also required as a part of the curative treatment.

Certain modifications of treatment are demanded on account of the localization of the tubercles. Intracranial tuberculosis, as soon as diagnosticated, should be treated by pretty decided doses of iodide of potassium, though unfortunately, there is little prospect of improvement. The glandular disease, whether bronchial or mesenteric, requires the iodide of iron, with or without that of potassium. Pneumonitis or pleuritis, so frequent a complication of pulmonary tuberculosis, requires emollient poultices, with moderate counter-irritation, and the judicious use of opiates with stimulants. The peritonitis occurring in abdominal tuberculosis, which is usually circumscribed, is best treated by fomentations and poultices, with opiates, and the diarrhœa by subnitrate of bismuth and chalk, five to ten grains of each, or the bismuth with Dover's powder; or a more active astringent.

A New Operation for Nævas.

Dr. G. H. Brandt, M. D., of Oporto, writes as follows to the *Practitioner*:

"My object in bringing before the profession the following observations is chiefly to show that in some cases in which all the methods hitherto advised for curing this disease are not practicable, a very simple method has produced a perfect result. This method, although not entirely a new one, has not been so much practised as it ought to have been, owing to the danger of causing immediate death, which unfortunately has happened on more than one occasion,—I mean the injection of the tincture of perchloride of iron by means of a Pravaz syringe. It is, of course, recommended to compress the vessel or vessels in order to prevent a clot from finding its way to the heart; this is often a difficult thing to manage, according to the situation of the parts affected. The instrument I have devised obviates this difficulty, and renders the operation a safe one.

The subject of this disease is a young lady, aged 16, of charming appearance as regards one side of her face. She was born with a venous erectile tumor occupying the whole of the inside of the right cheek; there was considerable disfigurement of that side of the face, with difficulty of mastication, and at times, when congested, part of the tumor would bulge out and protrude through the mouth, presenting a fearful appearance; the other half of the face was, and is, really beautiful. Passing in review the different methods employed by different authors for the removal of this unsightly disease, I had to put aside the ligature, the escharotics, the actual cautery with Wordsworth's needle, and the piecemeal extraction proposed by Jordan; the injection with the tincture of perchloride of iron remained. As it would have been almost impracticable to compress the large vein, I devised an instrument on the principle of the Entropion forceps. The cheek is passed between the two blades of the instrument in such a way that the flat blade rests against the outside of the cheek, and the fenestrated plate applies itself against the tumor internally; a few turns of the screw makes the two blades approach each other in such a way that part of the tumor bulges through the ring-shaped inner blade, and compresses it to such an extent that no communication can take place either in or out of that part of the tumor. I then inject five drops of the tincture at 30° and withdraw the needle of the syringe; the coagulation of the blood is so rapid that no blood escapes. I allow the instrument to remain in for five or six minutes, and then gradually unscrew and gently withdraw it. This was repeated eight times on different occasions, until the whole of the mass was coagulated. After each injection slight swelling occurred, which was kept down by cold external applications. On two occasions, owing to a slight blow on the cheek, a small opening was made by the tumor (after the injection) striking against the teeth. Through this opening I could see the black, hard coagulum, which I easily extracted with a common forceps. The gap closed in two or three days. The inside of the cheek is now as pink and smooth as its opposite neighbor.

"The facility with which it is accomplished, and the complete absence of danger and pain, are, I believe, sufficient recommendations for its adoption in all suitable cases. As these clots become hard and encysted, and take a long time to become absorbed, I think it easily practicable to make a small opening and enucleate the clots, as I did on two occasions, when a chance blow made the opening through which I extracted the hard black mass."

Reviews and Book Notices.

NOTES ON BOOKS.

Latin is well nigh a dead language, even to science, but not altogether, so in the old countries. We observe among the recent publications of Brockhaus, of Leipzig, one announcement which reminds us, both in language and style, of the magnificent medical titles of the seventeenth century. The Work is by ALEXANDER MAUROCORDATO, (Mohrenberz?) and is entitled "Pneumaticum circulandi sanguinis instrumentum sive de motu et usu pulmonum. Opusculum ob controversiam vehementer hactenus vexatam curiossissimum, admirabilem pulmonum structuram, exindeque humano, caeterisque animantium sanguineorum corporibus, obvenienti emolumenta, ponderatis autorum, et principum philosophicae medicaeque reipublicae utrinque rationum momentis, accurate expendens; assertoresque suos ab errorum tenebris, in veritas splendorem vindicare aptissimum."

The executors of the late Sir JAMES Y. SIMPSON, of Edinburgh, are arranging for the preparation of his biography, and advertise for "interesting letters from him, or interesting information about him."

One would naturally suppose that the European war would have begotten a shoal of works on military surgery, but on examining recent foreign catalogues, we find comparatively few. The following are the most important:

F. van G. Dommelen. Essai sur les moyens de transport et des secours en général aux blessés et malades en temps de guerre. Avec 22 planches, et 23 figures intercalées dans le texte. Ouvrage couronné du prix spécial de son altesse royale le prince Henri des Pays-Bas par le jury de l'exposition de la croix rouge à la Haye.

W. Thurn. Marsch-Diätetik. Grundbedingungen einer rationellen Art zu marschiren für Officiere und Militär-Aerzte. Ein Beitrag zur Mititärhygieine.

Rdf. Stanelli. Das triclinum mobile oder die aufrichtbaere dreifach schiefe Ebene betrachtet im 1. Thl. als Lagerungsapparat für die Heilung der Oberschenkel und Schenkehalsbrüche und für Hüftkrankheiten im Allgemeinen; im 2. Thl. als Grundlage eines neuen Systems für den Verband und Transport Schwerverwundeter im Kriege.

BOOK NOTICES.

On Diseases of the Spine and of the Nerves. By Charles B. Radcliffe, M. D., John N. Radcliffe, J. Warburton Begbie, M. D., Francis Edmund Anstie, M. D., and John Russell Reynolds, M. D., F. R. S., etc. Philadelphia: Henry C. Lea. 1871. 8vo., pp. 196.

The publisher's note informs us that this volume comprises a series of essays extracted from the System of Medicine, edited by Dr. JOHN RUSSELL REYNOLDS, upon the topics mentioned in the title. As the work from which they are extracted is bulky and costly, it is a good service to American science to have these monographs on so interesting a group of diseases published separately. That they are all ably written, it is superfluous to mention.

The topics include meningitis, simple and cerebro-spinal; myelitis, spinal congestion and irritation, tetanus, neuritis, neuroma and neuralgia, torticollis, and a number of allied diseases of less common occurrence. The obscurity which surrounds several of these renders the publication timely and opportune.

A Handbook of Medical Microscopy. By JOSEPH G. RICHARDSON, M. D., Microscopist to the Pennsylvania Hospital, Secretary of the Biological and Microscopical Section of the Academy of Natural Sciences, one of the assistant Physicians to the Episcopal Hospital, Fellow of the College of Physicians, Member of the Pathological Society of Philadelphia; etc., etc., etc. Philadelphia: J. B. Lippincott & Co. 1871. 8vo., pp. 333.

This work has been written with the professed object of promoting the more frequent use of the microscope among medical practitioners. It has been prepared with special reference to the purely practical in microscopy. In order to meet the demands of those who, from any cause, have been prevented from acquiring a due familiarity with the instrument and its requisite manipulations, a constant effort has been made, the author assures us, to describe every step of the processes recommended, great care being taken to enter into and fully elucidate all those minute but important details, which, because they seem so simple to the skilful observer, have generally been passed over without particular explanation.

The first two chapters are devoted to a brief description of the miscroscope and accessory apparatus, and a detailed account of the best method of working with this instrument. In the ten succeeding chapters a full account is given of the examination of the various urinary deposits, of pus, mucus, saliva, milk, blood, the sputum in phthisis, vomited matters, and vaginal and uterine discharges, etc. The remaining three chapters are occupied with a detailed account of the best methods of examining the integument and muscles for animal and vegetable parasites, the mode of procedure in medico-legal investigations in relation to stains of blood, spermatic fluid, etc., and the examination of morbid growths.

From this general statement of its contents, our readers will perceive that the work of Dr. Richardson is at once extensive in scope and practical in character. It is a convenient manual, adapted to the wants of the student and young practitioner, and will, no doubt, command a ready sale. In spite of some inaccuracies into which the author has fallen, in describing certain portions of optical apparatus, (corrected, however, in the table of errata), we can heartily commend the work as a whole, and feel confident that many a busy practitioner will extract from its pages valuable aid in the diagnosis of obscure or complicated disease.

MEDICAL AND SURGICAL REPORTER.

PHILADELPHIA, JANUARY 28, 1871.

S. W. BUTLER, M. D., D. G. BRINTON, M. D., Editors.

☞ Medical Society and Clinical Reports, Notes and Observations, Foreign and Domestic Correspondence, News, etc., etc., of general medical interest, are respectfully solicited.

Articles of special importance, such especially as require original experimental research, analysis, or observation, will be liberally paid for.

☞ To insure publication, articles must be *practical, brief* as possible to do justice to the subject, and *carefully prepared*, so as to require little revision.

We particularly value the practical experience of country practitioners, many of whom possess a fund of information that rightfully belongs to the profession.

The Proprietor and Editors disclaim all responsibility for statements made over the names of correspondents.

TO OLD SUBSCRIBERS

Who forward their subscription to Jan. 1st, 1872, *strictly in advance*, we will send one number of the HALF-YEARLY COMPENDIUM OF MEDICAL SCIENCE, or a full-length steel engraved portrait of Professor S. D. GROSS (in 4to. for framing).

Those who have already paid for 1871 *will please notify us of their wishes.* (In connection with this offer notice **No. 2**, on the second page of cover.)

GREETING!

The subscriptions of a large proportion of our subscribers are due from the first of January. If they are all *promptly paid* it will be *greatly* to the advantage of all interested in sustaining a good medical journal, as it will give us the means for continued improvement.

See the notice to subscribers on second page of cover.

THE BIOGRAPHIES OF MEDICAL MEN.

Glancing over the necrology of 1870 reminds us again that we do well to treasure the memory of the departed members of our profession by recording brief histories of their lives in our transactions and journals, and would do still better did we seek for some more permanent and more generally accessible repository for their deeds.

Since the publication—now long ago—of Thacher's *American Medical Biography*, there has been no work which made its exclusive aim to collect and perpetuate the souvenirs of the members of our profession, who now sleep after the fitful fever of their lives. Yet no more honorable task can well be thought of than this, and none more likely to enlist the sympathy of every physician throughout our land. For in that list, most of us must, *proh dolor!* place our preceptors, those who first guided our uncertain steps in the mazes of a difficult science, and strengthened us with advice and admonition in our early, diffident attempts to apply our highly prized knowledge. Who would not regret to see so many lives of self-denial, earnest thought, and unselfish devotion pass away, and, "like the shadow of a cloud, leave not a trace behind?" Many an Agamemnon, says Horace, lived before Homer, and many another hero, whose life, truly portrayed, had more of nobility and grandeur than that of the Argive warrior, has perished in the ranks of our profession, fighting not some equal enemy of human form, but the invisible pestilence that destroyeth at noonday. Of these, what record remains? A few lines in an obscure pamphlet, or a brief notice in a county paper.

This is not as it should be, and we are glad to add, it is not as it will be. For we have the satisfaction of knowing that there is one and a most capable Old Mortality at work, not with chisel, but with pen, freshening and perpetuating the memory of the dead of our profession. It is his intention to embrace, in one repertory, the names and biographies, as far as it is possible to obtain them, of *all* the deceased medical men of the United States, to digest and arrange them in alphabetical order, so that, at length,

> "In books recorded,
> They, like hoarded
> Household words, no more depart."

The scholar who has undertaken this praiseworthy task, we need hardly tell our readers—for we have told them several times already—is Dr. JAMES M. TONER, of Washington City. And we would bespeak in his behalf, all the assistance our readers can give him.

Should any of them have in their possession any printed necrological notice of a medical man, or any biographical sketch of one, the best thing they can do with it is to place it at once at the service of Dr. Toner. Or, if any reader has a deceased friend, once in the profession, whose life has never yet been written, let him briefly write out the important particulars in that friend's career, and forward the manuscript to Dr. Toner. Thus he

will do an act thrice laudable: first, that he thus fulfils a duty to a deceased friend; next, that he does a favor to Dr. Toner; and lastly, that he lays posterity under an obligation for the information he gives it.

THE FEMALE STUDENTS AGAIN.

It is greatly to be regretted that our "female medical students" could not have been satisfied with "present attainments," for a while, at least. Having driven the better class of male students from the amphitheatre of Pennsylvania Hospital, why could they not have been satisfied with the excellent advantages offered by that institution, not enjoyed in their own hospital and at their own clinics, without obtruding themselves into the amphitheatre of the Philadelphia Hospital, which had become the resort of a large proportion of the male students. It may be their abstract right to be as vulgar and coarse as they choose to be, but it is neither womanly nor wise. We advise a little more discretion on the part of these women, or they will loose the good-will and support of all right thinking persons. Communities are proverbially fickle in their sympathies, and are not always actuated by principles of right and justice; but it will not do to presume too much on the sympathies of the communities, nor the newspapers.

—Since the above was written, we hear it intimated that the women who presented themselves at the clinic in question, were not connected with the Women's Medical College of Pennsylvania. We hope this is true, for we are anxious that those women who wish to study medicine shall have a school where they can have good advantages, and yet not transgress the bounds of propriety and female delicacy, any further than has already been done.

AMERICAN MEDICAL ASSOCIATION.

It is known that the next meeting of the American Medical Association is to be held in San Francisco, California. We hope that the profession of the Eastern States will be well represented on that occasion, and that *those who accept* appointments as delegates, will either go themselves or *provide substitutes*. We understand that the Committee of Arrangements are in negotiation with the railway companies, and that tickets for the round trip will be procured at a moderate cost—we hope soon to announce the sum. Let us have a fair representation of the profession of the cis-cordilleras on that occasion.

A correspondent in Illinois asks what the necessary steps are for membership in the Association. As the Constitution now reads, we believe that only delegates from medical societies and public institutions, and those who are elected by a vote of three-fourths of the members at a meeting, are entitled to membership. *After* that, membership can be kept up by *paying dues* annually. We have contended—and several years ago proposed an amendment to the Constitution for the purpose—that Boards of Examiners should be appointed, accepting the examinations of the Army and Navy Medical Boards, and appointing boards say, one to represent each United States judicial circuit of the Supreme Court. Let the degree issued on the recommendation of these boards be the criterion of a man's standing as a regular physician, and of his eligibility to appointment as a delegate to the meetings of the Association, and not as now, simply the possession of a diploma of a medical college, or membership of a medical society or staff of a public institution. We hope ere long to see some such plan adopted, as we are all at sea on the subject of qualifications of medical men, and will be until there is some approach to uniformity of standard, which can only be had through one body.

Notes and Comments.

A Sign of Death.

A Tennessee correspondent writes us:

"The skin of a dead person will neither blister nor become red upon being burned. The skin upon any part of the body that is only paralyzed will become red and blister on being burned."

This observation is not new, but it may be well to call attention to it again.

Curious Observation.

Our friend Dr. HINCHMAN, of Grinnell, Iowa, relates the following observation in a letter to us:

"Some time since, while driving over the prairie, I noticed a man ahead of me mounted on what I supposed to be a large mule. On overtaking him I found he was riding a mulish looking horse, his tail being so exactly like a mule's as to give the impression from a stern view, at a little distance, that he was a mule. On inquiry, his owner stated that the dam of the horse having been put to a horse several

times and not breeding, was finally stinted to a jack, and raised a mule colt, after which she became with foal by a horse, and this hybrid-looking colt was the result; after which, as though ashamed of her progeny, she declined to breed any more, to either horse or jack. A further illustration is this of 'the influence of a first impregnation upon the subsequent progeny.'"

American Physicians in Paris.

Among the Americans still remaining in Paris we notice the names of our friend Dr. JOHN SWINBURNE, recently Port Physician of New York; also Drs. J. Beylard, Edw'd A. Crane, Hermann, W. E. Johnson and C. W. Norcom. Some of our readers will remember a former occasion in which Dr. SWINBURNE had some experience "within the enemy's lines."

Nitrite of Amyl.

This ether has been known since 1844, but its use in medicine is of recent date. English physicians employ it largely as a remedy for asthma. For this purpose a few drops are poured upon a cloth and inhaled, the same as ordinary ether. It is apt to produce violent headaches, and must be inhaled with caution.

Hydrate of Chloral.

The *Scientific American* very properly comments as follows on the empirical use of what in proper hands is a very valuable remedy:

"The hydrate of chloral, about which so much has been written during the past year, has now reached the stage of a quack medicine, and, in the hands of designing or ignorant people, is likely to occasion much mischief. It is sold in fluid form as an anodyne, mixed with gum or sugar water, glycerine, or some tincture, and as the strength of the preparation is not given and it is liable to undergo spontaneous decomposition, the patient can never tell how much of a dose he is taking. A bottle of chloral, put up in the usual style of a popular medicine, which was sent to us six months ago for examination, has entirely decomposed, and it would be dangerous to use it, as the nature of the products of decomposition are not well understood. We must utter a note of warning that it is never safe to take the hydrate of chloral unless freshly prepared and upon prescription of a physician. It is a valuable hypnotic medicine, but is not to be trifled with."

New Remedies for Burns.

Two new remedies for burns, says the *Medical Press and Circular*, are added to the long list. The first is charcoal. A piece of vegetable charcoal laid on a burn at once soothes the pain, says the *Gazette Médicale*, and if kept applied for an hour cures it completely. The second one is sulphate of iron. This was tried by M. JOEL, in the Children's Hospital, Lausanne. In this case a child, four years of age, had been extensively burnt, suppuration was abundant and so offensive that they ordered the child a tepid bath, containing a couple of pinches of sulphate of iron. This gave immediate relief to the pain, and being repeated twice a day—twenty minutes each bath—the suppuration decreased, lost its odor, and the child was soon convalescent.

Frendeet.

Sir S. W. BAKER, the famous African explorer, states in his exploration of the Nile tributaries, that he was often called upon, in his capacity of physician, to treat diseases among the natives; but there was one complaint that baffled all his skill, and he was obliged to leave it entirely to the Arabs. It is caused by drinking water from table land pools. Frendeet commences with a swelling of one of the limbs, with intense pain; this is caused by a worm, several feet in length, but no thicker than a packthread. The Arab cure is to blister the limb with cow dung, then prick the skin in many places with a red hot lance, to form doors, as they term them, for the escape of the worm. In about a week one of the wounds formed by the lance will inflame like a boil, and from it the head of the worm will issue, when it is seized and fastened to a small piece of wood, and gently wound daily, until, in the course of a week, the entire worm will be extracted, unless broken during the operation, in which case severe inflammation results.

The Cattle Disease.

The Cattle Disease, or "epizootic Aphtha," affecting the cows in New York and the New England States, has been traced to two sick animals imported last August from Liverpool to Canada. The contagion spread through both the Provinces of Canada, then to Oneida county, New York, and the affected cattle were brought to the Albany stock yards. From the latter place the diseased cows were taken to different places in New York and Connecticut, and the affection became general. The veterinary surgeon of the New York Agricultural Society advises that cooling, but not purgative medicines should be given, and that the sores should be washed with some mild carbolic acid preparation, or with a weak solution of sulphate of zinc.

Effects of Carbonic Acid.

According to Professor HUXLEY, the direct poisonous effects of carbonic acid have been greatly

exaggerated; for it has been found that air containing from fifteen to twenty per cent. of this gas may be breathed without producing any immediate evil effect, providing the quantity of oxygen in the air be increased in a like proportion. These experiments go to show that the destructive power of carbonic acid depends more on the fact that its presence in air renders the proportion of oxyg n too small, and thus a species of suffocation or asphyxia is produced, together with any poisonous effects the gas may have. If the air were confined, as in badly ventilated rooms, the carbonic acid would continue to increase and the oxygen to diminish as long as the individual remained, and when ten per cent. of carbonic acid is thus added to the air, with the corresponding removal of oxygen, asphyxia will take place. When a much smaller proportion of pure air, say four per cent., is replaced by carbonic acid, headache and languidness are produced, and these often end in fainting.

Effects of Opium.

Dr. HUDSON, says in the *Pacific Medical and Surgical Journal:*

In the almost daily use of opiates for twenty-five years, they have sometimes surprised and alarmed me. Twice in private practice, and several times in the practice of the U. S. Vol. service, the effect produced upon the patient shortly after it was taken, was a frightful gastralgia, which resembled colic. Sulph. morphia produced it once; the other cases were from camphorated Dover's powder. This evil effect was at once relieved by a second dose, or a dose of black pepper or capsicum.

Apomorphia, the New Emetic.

Apomorphia is obtained by digesting morphia in concentrated hydrochloric acid, at a high temperature, for several hours. It differs chemically from morphia in containing an equivalent less of hydrogen and oxygen, or the elements of water. It is the most speedy and certain emetic known, and its action is not accompanied or followed by any baneful effects. The tenth of a grain of the hydrochlorate of apomorphia, or even less, is the dose required. It may be given with safety to children, and it acts more rapidly when hypodermically administered.

Pernicious Effects of Mercury Prevented by Sodium.

The pernicious effects of mercury on the general health of workmen employed in mirror factories is well known. According to recent observations the vapor of this metal is as injurious as its dust. M. CROOKS has discovered a means to reduce the deleterious action of the mercury dust; it is only necessary to add to the mercury one-half per cent. of sodium. This improvement has already been tried in a few factories with the greatest success, and we would recommend manufacturers of mirrors to work their mercury with the addition of the aforesaid proportion of sodium.

Cider Treated with Sulphite of Lime.

Within a few years sulphite of lime has been used at the moment of fermentation of wine and cider, in order to prevent them from becoming acid. The wine or cider thus treated soon becomes clear and of agreeable taste. Those who drink it, however, after a short time complain of pains in the stomach, loss of appetite, etc.; this is natural, and may be thus explained: A certain quantity of sulphite of lime is dissolved by the wine or cider, and in a noticeable quantity. Analyses recently made have yielded about 30 contigrammes of sulphate in a pint of cider.

An Anti-Snorer.

To prevent sleeping with the mouth open, M. F. PINCKARD, of New Orleans, La., has patented the "Sanitary Brace." Its operation is to prevent the dropping of the jaw and opening of the mouth during sleep. It has also been suggested that the device would be a preventive of snoring, as it is asserted that people do not snore when the mouth is not open.

Correspondence.

DOMESTIC.

On the Treatment of Scarlet Fever.

EDS. MED. & SURG. REPORTER:

In your journal of Dec. 24th, I find an exceedingly captious communication by Dr. H. CORSON, under the somewhat satirical heading "Scarlet Fever and its Treatment without Ice!"

Passing by the style of which his whole article strongly partakes, I will merely observe that if the doctor had been a little more attentive in the perusal of my letter as quoted by Dr. BRADLEY (guided by the *author* instead of the *reporter*), it would have proved a saving to him of ink, paper and time, to say nothing of the hypercritical effusion, which necessarily fell to the ground in consequence of aforesaid inadvertence. But to explain, vide, first sentence of my report, as given by Dr. Bradley, and as embodied in *Transactions of the State Medical Society, Pa.*, 1871, viz: "From disease, epidemic and endemic in origin, we have enjoyed comparatively an immunity, pertussis and influenza forming the only exception," etc. Had the doctor also referred

to the catalogue of members of district societies and geographical charts, he would have made the discovery that Bloomsburgh, Dr. B's residence, is distant twelve miles from Berwick, and taking into consideration the tendency of scarlatina epidemics for traversing narrow belts of country, he would have easily reached the conclusion, that "the man who was in the midst of the sad havoc committed" did not reside in Berwick. The epidemic did not come within eight miles of us, a few light sporadic cases coming within my observation, and requiring no treatment save judicious nursing.

But as the doctor says, he is "unused to review the writings of others or to criticize their doings," I will pass by without further comment this blunder of his critical novitiate, to notice some other prominent points of his communication.

I do not wish it understood that I am essaying to uphold the reticence of the profession, in not giving full and minute reports of subjects of vital interest to the advancement of our art, but there is a disposition too prevalent in the profession to undervalue the honest efforts and opinions of our brethren in order to give prominence to some peculiar dogma of our own.

In regard to the sulphite of soda as a *panacea* in the treatment of disease (as the doctor's criticism would seem to imply), I did not intend, neither does my report extol it to that extent, but on the contrary specifies in what morbid conditions I have found it useful.

Now in regard to scarlet fever, which seems to have been a special subject of study by the doctor for the past 26 years. Have all those long years of deep study and scientific research, conjoined with practical experiment, resulted in the startling discovery that that fearful scourge of childhood, "scarletina," is after all only a local phlegmasia, and that "constitutional treatment must be abandoned." Have all those faithful investigations culminated in making the astounding denouément that *ice* is the grand specific for that scourge which annually claims its victims by thousands! But let us revert to some of the doctor's other writings on this very important subject. In the *Transactions of the State Medical Society of Pennsylvania*, 1867, he says (after very properly giving the mode of local applications of ice), the following treatment was adopted, viz.: "The bowels were kept in a laxative state by mild purgations, and chlorate of potass. or muriated tincture of iron, well diluted, were used internally." Does this look like abandoning "constitutional treatment?" This treatment was extraordinarily successful, for out of 42 cases treated only *one* (a neglected child) perished. Why then, only three years later, does he insist on abandoning "constitutional treatment?" We await with some anxiety the explanation.

I am of the opinion that ice, like many other sedative remedial agents, is invaluable when used with discrimination. I have used it in many cases of scarlet fever and other fevers, in fact, during the whole career as a practitioner of medicine, and often with very gratifying results. It certainly acts charmingly in certain local phlegmasine, like the cynanche pharyngea of scarlet fever, but my experience with it does not lead me to ascribe to it attributes other than that of an efficient palliative.

I endorse the opinion that scarlet fever is a disease zymotic in origin, the ferment, or whatever the peculiar morbific element may be, finding its way into the circulatory system by inhalation, and like some other fevers (enteric for example,) having a tendency to produce local mischief. It seems to me that the toxical element of the disease affects prominently the capillary system, both without and within, many cases exhibiting disorganizing processes going on in the throat, some in the brain and some in the portal circulation, as evinced by incessant vomiting and purging. In this latter form the eruption being very scanty, unless developed, not by ice, but by the hot bath and other external stimulating applications. In this latter class of cases we have no prominent throat affection, in fact, there is no time for inflammation to go through its different stages, for, unless the little patient is relieved of the intense internal congestion, death ensues often in less than twenty-four hours from the onset of the disease, nature being utterly exhausted in her efforts at elimination of the poison.

During my residence in Jersey City, we were visited in the latter part of the winter and spring of 1859, by a severe and exceedingly fatal epidemic of scarlitina, it assuming a malignant or non-malignant aspect, according to the locality in which it was developed. Being City Physician at the time, it fell to my lot to attend many cases of the malignant type. In all of these cases the eruption was very scanty and of a dull leaden hue, the appearance of the tongue and fauces as charactertistic of the disease. The little patient would be seized with shiverings, quickly followed with dilirium of a low adynamic type, exceedingly hot dry skin over the trunk, with cold extremities, incessant vomiting and purging, and collapse in a few hours, unless I succeeded in bringing the eruption to the surface, thereby relieving the internal congestion, as I was fortunate enough to do in a few cases, by means of hot baths and external stimulating applications. As soon as the stomach became retentive, I administered the carb. ammonia and a strongly concentrated animal diet, which seemed to favor and maintain the eruption; the symptoms subsequently assuming more of the anginose variety, but requiring supporting and stimulating treatment until convalescence was fairly established.

When we take into consideration the many modifying influences which seem to regulate the nature or type of epidemics, it is reasonable to suppose that there can be no stereotyped treatment. Locality may modify the character of the disease. Certain atmospheric conditions may favor the intensity of the poison which contaminates the blood of our patients. Malaria may have previously poisoned the vital fluid, thereby rendering it more susceptible, and when attacked less able to resist the effects of the subtle poison.

In this absence of positive knowledge of the exact nature of the cause, and its peculiar "modus operandi," our attention to symptomatology must be exact, in order to accomplish successful therapeutical management of disease. We must not be content merely in understanding the treatment of disease in general, but also in the abstract, or as developed by the case in hand. Disease does not assume one unvaried, monotonous exhibition of phenomena, requiring the same persistent course of therapeutics, and he who steps into the arena of medicine with the expectation that it teems with specifics, had far better "throw his physic to the dogs," than assume the responsibility. It should be the life-long study of the votaries of our art, to add to its progressiveness, but it should also be borne in mind that so long as the theories of etiology are so largely speculative, therapeutics cannot be ranked among the *exact* sciences.

P. M. Sendekling.

Berwick, Pa., Jan., 1871.

Is Scarlet Fever Contagious?

Eds. Med. and Surg. Reporter:

While practicing in Bloomsburg, Pa., and vicinity, I was called on the 26th of Jan., 1853, to see Elias Mase, living near Espy, aged about 25 years; disease scarlet fever. The rash was well out and the symptoms generally favorable. I saw him again on the 28th. The case well marked but not dangerous. Three days later, I was summoned in haste to see his daughter in convulsions, an only child, aged 2 years and 24 days, with the same disease. Symptoms every way violent. The lymphatic glands of the neck already poisoned, with considerable tumefaction, and a somewhat livid rash appearing. Saw the child also February the 1st, 2d, 3d, 4th and 5th, when death ensued. Mase, the father, 10 days previous to his attack, attended, near Mifflinville, the funeral of his sister who died of scarlet fever others of the family also having the disease, as reported to me at the time. The evidence of contagion was such in these cases that great care was exercised to prevent its spreading, which was successful. For months previous, and during the spring following, there was not a case of the disease anywhere in that region. Having been obliged to "change my base" somewhat, at different times, I therefore feel much interested in anything pertaining to this disease, which is being so fully discussed by your able correspondents. I have had encounters with a number of epidemics, some comparatively easy to contend with, whilst others have been fearful in the extreme.

A certain line of treatment may do well to run one epidemic, but fail badly in the next.

Ice and sponging may chill and soak the fever, (only a result), out of some cases, in one epidemic, even many, when well timed, and do wonders. When, in another, in many cases at least, it will only too soon destroy the equilibrium between the skin and the great nervous centre, and fatal congestion quickly end the scene. In January and March, 1839, my cases, during the acme of the epidemic, were almost exceptions, that did not affect the lymphatic glands of the neck almost simultaneously with the appearance of the rash. And the tumefaction in many cases was so extreme, that the head was thrown back to its utmost. And in some of the fatal cases, suppuration and ulceration at length exposed, as in the most perfect dissection, the muscles and other solid tissues of the neck and throat. The question arises, what is the disease *per se?*

Is it the rash, the fever, the irritation, inflammation or ulceration of the throat; or, forsooth, the secret working of some unknown poison impinging primarily—where? Let microscopy come to the rescue.

The only justifiable course in our *learned ignorance*, is to keep the eye single to well understood general principles for meeting the erratic outcroppings of this protean disease. Experience has convinced me that it is in some instances very contagious: that as an epidemic it rapidly increases in severity until it reaches its acme, and then gradually declines until the cases become no longer formidable. George Hill, M. D.

Hughesville, Pa., Jan. 5, 1871.

Treatment of Diarrhœa.

Eds. Med. and Surg. Reporter:

I beg to make the following suggestion:

Soften some resin by melting it with a little lard. Make it soft enough to form it into pills. Then take forty-eight grains of the resin and four grains of nit. silver finely pulverized, mix intimately, and make eight pills. Give them once in eight hours. Give them when the stomach is empty.

I have used these pills a long time and do not remember a case in which they failed of producing a cure.

They have proved also an excellent remedy for dysentery. The resin will not dissolve in the

stomach, but will dissolve in the intestines. A six grain pill of this resin will dissolve while passing through the alimentary canal. The nitrate of silver in this way is conveyed chemically unchanged to the part that is diseased. If it is given according to the usual methods, it undergoes a chemical change, and is not nitrate of silver when it reaches the afflicted part. G. M. Noble, M. D.

Wallingford, Vt., Jan., 1871.

News and Miscellany.

[We cull the following items from the *College Courant*, published at New Haven, Conn., by Chatfield & Co. The *Courant* is a very valuable paper to the professional man and scholar, giving much general information weekly on college matters. It is not simply a local paper, but is wide-awake on all college, literary and scientific matters. Physicians would find it profitable to patronize it.]

—— The annual course of lectures at the medical school at Bowdoin College will begin February 16.

—— The alumni of Rush Medical College hold their annual meeting on Wednesday, February 1, at 10 o'clock. Prof. Freer will present several vivisections of great interest and value.

—— The faculty of the Medical College of Virginia, at Richmond, have elected Dr. Peter Taliaferro medical superintendent of the college infirmary, vice Dr. Isaiah White, who declined a reëlection.

—— The "O'Fallon Dispensary" of the St. Louis Medical School comemmorates the generosity of Col. John O'Fallon, who presented the same to the university on the sole condition that it should bear his name.

—— Great public excitement was aroused at Iowa City, recently, by the discovery that some medical students of the State University had disinterred and partly dissected the body of a Mrs. Derrick, an estimable lady whose funeral had been attended largely by the citizens.

—— The male medical students of Edinburgh having barred the academic gates against their fellow-pupils of the weaker sex, and otherwise demeaned themselves in an offensive manner, sundry exceedingly stern, elderly females have organized a protective brigade to escort the young ladies to college and back.

—— The annual commencement of the Albany Medical College has just been held in the Assembly Chamber. Rev. Mr. Smart delivered the address to the graduates. William Hailes, of Albany, delivered the valedictory address, and Mr. Kinnear read an essay. President Aiken, of Union College, was present, and took part in the exercises.

—— Dr. E. S. Hull, of Alton, Ill., holds the position of lecturer on horticulture in the State Industrial University. He is also State Horticulturist.

—— The regents of the University of California refuse the munificent bequest of Dr. Toland, simply because he requested them to allow his name to be attached to the department.

Words of Encouragement.

Dr. S. H. B., O., says: "The money invested in the Reporter yields a greater per cent. for its readers in the getting of medical knowledge than any other investment of the same amount they can make."

Dr. S. F. S., Texas. says: "Although I take regularly some half dozen medical journals, I esteem yours as at the head of the list."

Dr. J. F. S., Ind., in making his annual remittance for the Reporter, Compendium and Pocket Record, says: "I can only reiterate the assertions of hundreds of others, that the above works are invaluable, and that no "live" physician will be without them after once becoming acquainted with them."

Queries and Replies.

Pessaries.

Dr. S. J., of Arkansas.—We believe the Globe Pessary as good as any for the generality of cases. Among others Dr. W. R. VanHook, of Buffalo, Ill., writes thus: "I have ordered the gutta percha globes of you several times, and found them to answer well in the cases to which they were suited."

The Eye.

Dr. A. C. D., of Rhode Island.—We prefer Lawrence and Moon's work on the eye.

Irregularities.

Dr. A. O. N., of New York.—It is to be regretted that deans of colleges do not scrutinize more closely the antecedents of matriculants. We have heretofore called attention to the ill effects of this negligence. But in the case of Dr. C., of which you give us the history, we do no see that the college was to blame, as it had no means of knowing that he intended to practice irregularly after graduation.

Dr. W. C. H. N., O.—Your *Bazar* was promptly ordered, and I have no doubt you will receive it in due time. *All publishers are overwhelmed with work at this season of the year, which occasions some delay in filling orders.*

Married.

Dickson—Faran.—At the residence of the bride's parents, in Cincinnati, January 4th, 1871, by the Rev. Thomas S. Yocom, Dr. J. Murray Dickson, U. S. A., and Luella, second daughter of Hon. James J. Faran.

Hewitt—Goodwin.—On the 29th of December, 1870, by the Rev. C. E. Felton, at the Union M. E. Church, in this city, Dr. H. L. Hewitt, of Louisville, Ky., and Mis Lizzie S. Goodwin, of St. Louis.

Died.

Appleton.—On the 8th instant, at Helena, Tama county, Iowa, Mary, wife of Richard W. Appleton, M. D.

Gilman.—In Worcester, Mass., Dec. 26, of heart disease, Cora E. Gilman, daughter of Dr. J. E. and Mary D. Gilman, formerly of Marietta, O.

McCune.—Recently, at his residence, in Kentucky, near Portsmouth, O., three miles above the city, Dr. J. A. McCune, in his 58th year.

McGirr.—In Pittsburgh, Oct. 23d, Dr. John E. McGirr.

Nall.—Of pulmonary consumption, at the residence of his brother, Alfred Nall, in Nelson county, Ky., Dr. Burr F. Nall, in the 38th year of his age.

Rhoads.—In this city, First-day, 15th inst., Edward Rhoads, M. D., aged 29 years, of heart disease.

Dr. Rhoads was a young man of character, who had laboriously laid, and well laid the foundation for usefulness and distinction in his profession, to which his early death, though his gain, is a loss. Dr. Rhoads was a chief promoter, and one of the editors of the new journal, the *Medical Times* of this city.

Wood.—In Cincinnati, January 14th, Libbie B., eldest daughter of Dr. T. and E. J. Wood, aged 11 years.

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Communications.

AN EXEMPLARY CASE IN CONSERVATIVE SURGERY.

By Wm. C. Crooks, M. D.,

Of Philadelphia, Pa., late Assistant Surgeon U. S. Army.

Mr. D—, æt. 35, a stock-raiser on the frontier of Texas, was confided to my care January 7, 1870, to be treated for a gunshot wound, resulting in extensive comminution of the elbow-joint. The injury involved the lower end of the *humerus*, the ball being of the round variety, and, as informed, shot from an old "Mississippi rifle." It entered the joint at the internal condyle, passing—from the position of the arm at the time—obliquely upwards through the lesser sigmoid cavity, and made its exit just above the external condyle, splintering extensively the extensor muscles, though not so completely shattering it as at the point of entrance. Free and exhaustive primary hemorrhage supervened, though no large vessel had been severed.

Some 30 miles from home, visiting his cattle range, Mr. D. and friend were attacked by the Indians, he being the unfortunate. The wound instantly and completely disabled the arm, causing D. to beat a retreat, which was quickly joined in by his friend. The Indians did not press them vigorously, and it being about sunset they were soon allowed to move homeward undisturbed. Blood flowed so freely that Mr. D.'s condition caused alarm, but at last home was reached in a completely exhausted condition. The fort (30 miles from D.'s residence) being the nearest point at which medical aid could be summoned, was next visited by D.'s friend, and the commanding officer importuned to furnish a suitable conveyance and escort that the surgeon might render such assistance as would be necessary, all of which was quickly acceded to.

The patient was seen some twenty hours after the occurrence. Blood was still oozing quite freely from the wound; considerable tumefaction existed, and the patient, though naturally a hale, robust individual, was pale and weak, almost to fainting, from loss of blood. A careful exploration of the wound revealed a condition of parts as above described. A small teaspoonful of crushed fragments of bone was removed, and such splinters as were not totally unattached adjusted with all possible care—the wound, both at the point of entrance and exit, being sufficiently large to fully admit the finger; temporary dressings applied, and the patient conveyed by ambulance to the fort.

Excision was resolved upon, though the lapse of time, intervening between the reception of the injury and the getting of the patient within the convenience of an operation, had worked such change as to exclude a primary operation, which, as will be seen, redounded fortunately to his advantage.

The patient was admitted into hospital the 7th day of January, 1870. Apparatus constructed over the bed, to which was secured a wire splint properly adjusted to the arm, and of a suitable angle, leaving bare the injured portion of the limb, thus facilitating access to the injury, and allowing the patient to change at will the position of the body with the least possible risk of disturbing or changing the position of the injured member. Irrigation was immediately commenced, that the inflammatory action might so far as possible be controlled, and light but nourishing food directed.

The previously robust and healthful condition of the patient, the excellently good constitution, the purity of the circumambient at-

mosphere, and the adaptability of the affordable accommodations, all conspired to bear up the belief, which a few days had formed, that that the limb in all probability could be saved and made more useful without resorting to the contemplated operation. Therefore, it was decided to treat the injury on the *conservative* plan, which, it is thought, resulted very favorably.

Irrigation was continued until the 27th of January, 1870, with occasional injections into the wound of a solution of potassium permanganate and liquor sodæ chlor.; fomentations were then applied to favor suppuration and daily washes of the given recipe used:

℞. Potass. per-mang., ʒj.
Liq. sodæ chlor., f.ʒj. M.
Ft. mist.

Sig.—Add to Oss cold water a dessert-spoonful, and use as a wash.

This was continued until the 10th of February, 1870, when the discharge had almost entirely ceased, and the process of healing was progressing favorably. A stimulating ointment was now substituted, and the patient allowed for the first time to leave his bed; the arm being removed from the apparatus, and carried in a sling. Two days later the wire splint was removed, and gentle "passive motion" instituted.

The patient was discharged from hospital on the 16th of February, 1870, and instructed to continue the "passive motion" daily, the wounds being entirely healed. When last seen (June 15th, 1870) Mr. D. could use his arm sufficiently to remove the hat and bear food to the mouth, and my belief is that by carefully continued "passive motion" sufficient mobility will be attained to constitute a very useful arm.

Mr. D. is one of those brave, noble sons of toil who dare hazard life and limb that the vast extent of healthful, rich and fertile territory, constituting our south-western frontier may not lay totally at waste, but be made remunerative to individual, State and nation. Much due to these bold, self-sacrificing pioneers. But it will no little astonish many to whom the facts are inaccessible when told, and this information will not admit of cavil, and cannot be gainsaid, that the government is so ungrateful as to deny them adequate protection against the hideous onset of the savage.

When the writer (late a medical officer of U. S. Army) was relieved from duty in that department (August, 1870) the Indians were holding high carnival over that rich country, driving the settler from his home; bold enough to come within a stone's throw of the fort, and murder and scalp whom they might catch; setting at defiance all authority; blood, fire, rapine mingled in their trail; men tortured until the angel of death relieved them from their sufferings; women outraged, and then, with their children, made captives, that, in accordance with the present system, they might be bartered, such subjects being the most remunerative property the Indian can secure. The Indian is paid a sterling price for every woman and child captured, and no punishment inflicted.

This digression may be thought much out of place, but the writer thought proper to introduce the above remarks on this very important subject in this way, that the many intelgent readers of this journal might have a few facts laid before them upon which to reflect.

EXCISION OF THREE INCHES OF MEDIAN NERVE AFTER AN OLD GUNSHOT WOUND OF LEFT ELBOW.

By J. L. Stewart, M. D.,
Of Erie, Pa.

[Read before the Erie County (Pa.) Medical Society at their regular January meeting, and by them ordered to be published in The Medical & Surgical Reporter.]

A. F. Swann, æt. 34, native of Pennsylvania; stout, robust man; then captain of C company, 16th Penn. Cavalry; was wounded by a Minie ball at the battle of Cold Harbor, Va., May 28th, 1864. The ball fired at about ten rods distance entered left forearm two inches below the head of radius, and passing obliquely across elbow-joint made its exit just above the inner condyle of the humerus. From the moment he was struck he suffered the most intense pain in the arm and hand; lost a large quantity of blood.

The wound was dressed on the field, and healed kindly. Patient came home to Erie "on leave" soon after, and remained until the end of June, when, there being no improvement in his case, he returned to Washington, and applied to Surgeon B., U. S. V., then in charge of "Armory Square" Hospital for relief. He was directed to use the electrical bath, which he did for four or five days without any apparent effect. The pain at this time was constant and excruciating, confined chiefly to the palm of the hand; the sensation as if grasping a ball of red-hot iron. He demanded

an operation, which was performed by Surgeon B. (about July 5th, 1864), who cut down through wound of exit, and, *patient was told*, removed three inches of median nerve.

For two days after the operation the pain was very *slightly* lessened, but when the wound began to heal assumed its former intensity.

Mr. Swann had commenced the use of morphia hypodermically, about two weeks before this operation, and resumed it two days after the operation. From the first it required from three to five grains a day to relieve pain, and he continued to increase the quantity gradually up to the time of the second operation, until he very generally injected *ten* grains a day and has used as much as *one drachm* in *three days*. Both arms are covered with the punctures of the syringe, discolored, and the cellular tissue indurated.

Mr. S. consulted me in June, 1865, when I advised another operation, but he did not submit to it on account of being told by several physicians here and elsewhere, whom he consulted, that it would be unsuccessful. He again came under my care in June, 1870, six years after the receipt of the wound. His condition was most deplorable, the pain in the hand which was intensified by any excitement, was indescribable, and he was unable to attend to any active duties, except whilst under the influence of morphia.

He suffered from irregular nervous chills, of two or three hours' duration, when he would be obliged, in the heat of midsummer, to lie by a hot stove with four or five blankets over him, and cold perspiration streaming from him; his appetite nearly gone, his bowels habitually constipated, emaciated, feeble and fretful. He was willing to undergo any operation which promised relief, even amputation of the arm.

June 27th, 1870, assisted by my friend, Surgeon Woolverton, U. S. Navy, we proceeded to etherize patient, which was accomplished with great trouble and difficulty; fourteen ounces of ether was used, and an hour passed, patient struggling violently and under great excitement, before the muscles relaxed and the patient became quiet.

An incision was made in the forearm, between the flexor carpi radialis and the palmaris longus muscles, three and one-half inches in length, terminating two inches above wrist joint, and three inches of the median nerve was removed. There was considerable venous hemorrhage after operation, which ceased on application of ice. The wound was closed by sutures and adhesive strips, and water dressing applied.

As soon as patient passed from under the influence of the ether, he declared that "the pain in the hand had left him." He slept three or four hours the first night under the influence of immense doses of bromide of potassium. He never used any opiate after the operation, and he insists scarcely slept an hour for fourteen days, and not a sound night's sleep for twenty-six days after it, but his appetite returned at once, and he was in exuberant spirits at his freedom from pain. During the first four days after operation chloral hydrate in drachm doses, and hyoscyamus, cannabis indica, etc., in heroic doses, failed to produce sleep; when I sent him to a quiet country home, and directed free use of ale, with a generous diet; no medicine of any kind was afterwards necessary.

There was no return of the chills after the operation, but he was much annoyed by a peculiar feeling of the surface, which he described as "craving of his skin for morphine," with burning of the feet; these gradually passed away until he experienced no unpleasant or unnatural sensations. He has not suffered a moment's pain in the hand or arm since the operation, now seven months, and has gained forty pounds in weight, and is, in his own language, "in perfect health without pain or ache." He has good use of the small and and ring finger, and the paralyzed parts are well nourished.

The operation was undertaken under the belief that there still remained near the original wound some injured portion of the nerve, and that relief might be given by severing its connection with the seat of pain, as happily the result has proved.

What seems to me to be the important point in this case are, First, the unceasing and great severity of the pain, from the moment of receiving the wound until I severed the nerve; second, the entire freedom from pain since the operation—now seven months; third, the vast amount of morphine used by the patient, estimated by him to amount to from two hundred and fifty to three hundred drachms, requiring the use of the syringe from six to twenty times each, and every day for six years and some days; fourth, the rapidity with which he recovered from the efforts of this long contin-

ued and excessive use of morphine, suffering *no* inconvenience from its omission, in a few weeks after the operation.

THE TREATMENT OF HYDARTHRUS.

By J. T. Davis, M. D.,

Of Laconia, Indiana.

Hydarthrus, or white-swelling as it is commonly called, is defined by Dunglison as a formidable strumous disease, and we often meet with cases in practice that very properly deserves the name, for they baffle every attempt to remedy them. Various modes of treatment, external and internal, have been recommended. Dunglison says: "The treatment consists in the employment of counter-irritants; the use of iodine internally and externally, &c."

Some rely upon blisters; others say: "Let it alone, the child will grow out of it." It is evident that there has been much mischief done by this "let alone or do-nothing" treatment in this as well as in many other affections. When called to a case of this kind we find inflammation, effusion and flexion of the joint. Our object, of course, is to try and save the limb. Now, what are the indications in regard to treatment? First and foremost, we consider it imperatively necessary that the limb be placed in such a condition that the joint will be at *rest;* next, we want to apply such remedies as will cause the fluid to be absorbed, and to relieve the pain as much as possible. In the *Cincinnati Medical Repertory* for August, 1869, Dr. Hoghland, of Hillsborough, Ohio, claims that the following mode of treatment is attended with good results:

"First, there is employed a cerate composed of equal parts of the ceratum saponis, and the unguentum hydrargyri fortius cum camphora. This is thickly spread on lint, and applied entirely around the joint—as a knee, for example—and for some distance below and above it. Over this, to the same extent, the limb is to be supported by strips of calico, spread with emplastrum plumbi. This last is to be applied tightly enough to feel comfortable to the patient. Over this adhesive bandage comes an additional covering of emplastrum saponis, spread on thick leather previously softened with water, so as to accommodate it to the figure of the joint. These applications are to be removed once in two or three weeks, and re-applied." Dr. Hoghland claims the above treatment to be both *simple* and *effective* (points very desirable in practice at all times). The mode of treating these affections that we have adopted, we consider to be *more simple*, and still as *effective* as that given above. But before describing it we desire to notice the plan of treatment recommended by Dr. R. O. Cowling, of Louisville, in the *American Practitioner*, October, 1870. He thinks that fully three-fourths of the cases which resulted in amputation might have been saved by proper treatment. He says that he has found the starch bandage to be excellent, and thinks that it has advantages over splints, etc., and that when applied there is no necessity for topical applications; for, he goes on to say, "with the arrest of pain other symptoms do subside; effusions are absorbed, inflammation decreases, and flexion gives way."

Dr. Cowling says, that paste-board cannot be fitted so as to answer the purpose as well as the starch bandage. In the cases we have treated, and in the cases treated by Dr. A. S. Greene, of New Albany, Ind., there has been no difficulty in fitting the splints properly. We use heavy binder's boards, soaked in warm water, and moulded so as to accurately fit the joint. The splints should be lined with cotton, and over the joints the following liniment should be applied: tincture iodine and glycerine, equal parts. There need not be any opening left over the joint for the application of the liniment. Cut and mould the splints so that they entirely envelope the limb. If it be the knee-joint affected, from the ankle to the upper part of the thigh, then bind up firmly with roller bandage. This will give *absolute rest*, and will soon cause the fluid to be absorbed. Pain, when the limb is not used, will soon cease. The patient can now go around on crutches if his general health permit it.

In The Reporter, April 23, 1870, Drs. Panas, Labbe, and other French surgeons, are reported as being very successful in the treatment of this disease by means of compression, iodine, cod-liver oil, etc.

Case.—Mary I., æt. 15 years, has had a diseased knee for seven years; the joint is greatly swollen and very painful; limb contracted; has been under treatment a great many times. The mode of treating her case had been with

blisters and liniment externally, internally with alteratives, etc.

Blisters would reduce the size of the joint, but it would soon become as large as before, and liniments did no good. Her father applied to me in November, 1868. I examined the joint and desired him to take his daughter to New Albany, and get Dr. Greene's advice in regard to it. He did so, and the doctor proposed to splint it as described above. This being agreed to, the doctor and myself applied the splints. In a few days after she came home, I took them off, and renewed the liniment and reapplied them. This was done two or three times a week. Her knee began to improve. She was ordered to use crutches and to wear the splints for at least six months or a year. After using the crutches for two or three months she laid them aside. Her knee had improved so much that she did not need them any longer. She continued the splints for a little over a year. All effusion, flexion, and pains had disappeared, and her knee was considered to be as well as the other. At the present writing, January, 1871, she can walk as well as well as ever she could. I heartily agree with Dr. Cowling, that many limbs that are now amputated might have been saved if they had been properly bandaged; and I will add, if appropriate external and internal treatment had been employed.

A CASE OF SYPHILIS OF THE NERVOUS SYSTEM, WITH REMARKS.

By W. H. H. Githens, M. D.,
Of Philadelphia.

January 22d, 1870, Wm. H. came to my office for the relief of a *pain in the head*, which he called neuralgia. He had been suffering with it for three years. In reply to my questions, he informed me that there were daily exacerbations, commencing regularly at about 5 P. M., and increasing in severity until midnight, when the pain would begin to decrease, and towards daybreak he would fall into a sleep. He called my attention to a hard, elastic, painful tumor, situated over the temporal ridge of the left side of the frontal bone, and to another over the right parietal bone; these tumors were not movable. He spoke of his troubles having been diagnosed and treated, entirely without success, as neuralgia and epilepsy. I noticed that he had great difficulty in the choice of words to express himself. There was no paralysis of the organs of the voice, and words were not used improperly, but there was marked hesitation and embarrassment in speaking. His sight was not affected, but reading gave him no satisfaction, as he was losing his power of comprehending what he read, and it had become necessary to read over a sentence several times in order fully to understand it.

Having had an extensive opportunity of studying the manifestations of syphilis, both in hospital and private practice, I had no difficulty in recognizing this to be one of those obscure cases, the consequence of the slow, long-continued action of the venereal poison. When I asked the direct question, he acknowledged the fact of having contracted a chancre twenty years previously; it had been treated and "cured" at that time. This sore had been accompanied by swellings in the groins, but without suppuration; it had, apparently, left no bad effects behind it; there had been no enlargements on the clavicles or tibias; he had never had any pain in those bones, nor ever noticed any eruption on his body, face or limbs.

I diagnosed the tumors on the frontal and parietal bones to be simply *gummata* or periosteal swellings. The recurrent neuralgic pains I considered *osteocopic* in their character.

The patient was quite melancholy, and almost hopeless; but I assured him that I would relieve him before many days had passed. I prescribed

℞. Hydrarg. chlor. cor., gr.j.
Potass. iodid., ʒvij.
Aquæ menth. pip.,
Syrupi, aa f.ʒij. M.
Ft. sol. et signa. A teaspoonful in water three times a day.

The iodide of potassium was given for its specific anti-syphilitic effect. The mercurial salt was employed for its tonic effect, my patient having a poor appetite, and being quite anæmic. I have found this salt to act better in these cases than any combination of iron that I have ever employed, as it improves digestion and assists assimilation.

His description of the attacks, which had been called epileptic, was not clear; so I concluded to wait for further developments in that direction, and attend primarily to the syphilitic disease. But I did not have long to wait. In less than forty-eight hours after our first interview, I was summoned to his house,

and found him laboring under a violent and peculiar spasmodic seizure. I had now before me another manifestation of the venereal poison, one entirely new to me, and very interesting to the student of the pathology of nervous diseases.

The patient was seated in his bed, he seemed to retain his full consciousness, but was giving utterance to unintelligible sounds in a constant unsuccessful attempt to say something to his wife. These sounds might be represented thus, "th-givum th-givum th-givum go-to-heaven go-to-heaven-th-givum, etc. He did not sit still for a minute, but was constantly throwing his arms about, attempting to grasp those around him, and also kept moving in a backward circle, by the assistance of his arm and left leg, the right hip acted as a pivot. I remained with him more than an hour, during which time he continued in precisely the same condition. His wife told me that this was identical in character with the attacks that had been termed epileptic, and from which he had been suffering for a year. Under the use of powerful narcotics he was finally calmed, and went to sleep. This paroxysm, which was the most severe he had ever had, was the last of its kind. The shock of this seizure was so great that my patient was confined to his bed for the next four days. As the osteocopic pains continued, I increased the dose of iodide of potassium to twenty grains, three times a day; this quantity soon produced the desired effect, and after the first five days of treatment, the pains departed to return no more. I then reduced the dose of iodide to fifteen grains, three times a day, as at first, continuing the mercurial at the original dose all the time.

"February 6th. The patient again at my office. His headache has entirely disappeared; he has had on several occasions, the aura, or peculiar sensations in the right leg, which previously heralded the convulsive attack, but, as he says, they never reach his head now; and, although they alarm him, they do not cause him to fall, as previously. This aura seems to consist of spasmodic contractions in the flexor muscles of the leg. Before the specific treatment was commenced these spasms would cause him to fall helpless if sitting or standing, and consequently he was afraid to go away from his home alone, and he had been obliged to give up work from the same cause. He has the same difficulty in expressing himself as at our first meeting. The gummata have commenced to soften and reveal to me a fact which causes me to mentally qualify the favorable prognosis I have given. Inside the tumors I can feel peculiar jagged, solid portions." I considered these to be bony growths, such as I had frequently seen at autopsies inside the cranium, and on the shafts of superficial long-bones. I had no hopes of causing these to be absorbed by treatment, and was afraid that the nervous phenomena depended on similar internal growths springing from the dura-mater.

"February 20th. Another call from my patient, and a very agreeable surprise; the solid portions felt inside the gummy tumors are undoubtedly disappearing, the jagged points are rounding off, and the circumference of the tumors is less. I find also a marked improvement in the power of my patient in the use of words. There are still occasional spasms in the flexor muscles of the leg, but they are becoming slighter and less frequent."

"March 11th. Mr. H. has called to see me again. All traces of the gummata and their bony growths have disappeared; he has better use of his right hand than he has had for a long time, and I have persuaded him to try work again. His powers of expression are much improved, and he is not afraid now to take long walks by himself. He is still to continue the medicines, using the same quantities, but repeated twice only during the day. As a natural result of good sleep and improved digestion he has gained in weight, and the melancholia, so common in syphilitic patients, is passing rapidly away."

My reasons for considering this to be a case depending upon the action of syphilis may be given in a few words:

1. The epilepsy occurred without loss of consciousness.

2. Its first paroxysm was after the age of forty.

Idiopathic epilepsy commences almost always before the age of thirty.

3. The occurrence of headache before the attack is of value in deciding the syphilitic origin.*

A. Its prolonged duration.

B. Diurnal exacerbations occurring at night.

C. The inefficiency of all ordinary treatment.

D. The presence of non-inflammatory, elastic, painful tumor.

*Moreau and Gros et Lancereaux—Lancereaux, Traite de la Syphilis, Paris, 1866.

E. The prompt relief afforded by iodide of potassium.

5th. The peculiar temper of the patient affords corroborating testimony, being despondent and irritable in a most marked degree.

I still receive occasional calls from my patient. The only traces of his disorder now remaining are a lower temperature and an increased sensitiveness to cold in the right hand and leg, and an occasional spasm in the muscles previously affected. He can now attend regularly to business, and has recently occupied a political post of responsibility.

This is an instructive case in the history of syphilis. There was but one recognized period of infection, and on this occasion the glands of the groin were enlarged but did not suppurate. Seventeen years elapsed without a recognized external or internal symptom of the action or presence of an all-prevading animal poison. In this time the patient has been twice married, and has three living children, the oldest ten years of age, the youngest about three. We have no reason to suspect this man of falsification. ROLLET states that "Epileptiform attacks are among the later symptoms of syphilis. The interval between the primitive chancre and the epilepsy has never been less than one year." ZAMBACO* states that nervous phenomena, the result of syphilitic disease, are not uncommon, but are rarely developed before five years, and sometimes not until twenty years have elapsed.

The nervous symptoms are seldom developed in those cases in which extensive eruptions or tertiary ulcerations have existed. The experiments of AUZIAS-TURRENNE in 1844, and later, SPERINO, of Turin, who first practiced syphilization; H. LEE, of England; BŒCK, of Norway; LINDWURM, of Munich; AMILCARE RICORDI, and others, have demonstrated that during the active existence of phagadenic suppurations, or continuous suppurating sores in a patient suffering from syphilis, the phenomena of secondary infection do not advance, but in fact the symptoms of contamination gradually wear out. The success of syphilization in many cases is undeniable, and its result depends upon the fact just mentioned. What a striking commentary, and we may say, proof by exception, is the case which heads this article! Here the opposite condition of things existed. The poison weak in power, but not having any escape in ulceration, works silently but steadily on the nerve-centres for years; first demonstrating itself in cephalalgia, and later in the premonitory symptoms of paralysis.

The question that next forces itself on our attention is, how did the venereal poison impair the powers of the nervous centres? Were the symptoms *sine materia*? Was it simply congestion? Was it pressure on the brain by swellings of the dura-mater, similar in character to those observed on the periosteum? Or were there changes within the nervous mass?

An autopsy only could satisfactorily answer these questions. The histories of cases of syphilitic-nervous diseases that have been examined after death, show the impossibility of certainly predicting the lightness or severity of the lesions from the lightness or severity of the symptoms. Many cases in which the symptoms have been very marked, even indicating softening, have upon post-mortem examination shown no appreciable lesion, while others, which had exhibited no symptoms at all referable to the nervous system, have shown caries of the cranial bones with separation of the dura-mater, and complete disorganization of the superficial layer of brain-tissue.

We will study the symptoms of this case, and endeavor, if possible, to discover the points at which the lesions must have been situated to produce the effects we have noticed. Those effects were spasmodic contractions and relaxations of the muscles of the right arm, side, and leg, with backward movements and temporary paralysis of speech, constant difficulty in the use of words and in the proper understanding of anything which he read. There did not ever seem to be paralysis of the face or tongue, nor has there been marked loss of memory.

As the peculiar symptom denominated aphasia, is stated to have its seat in a superficial convolution of the left hemisphere of the cerebrum, the trouble present in this case, resembling those so closely, may be the result of a gummy tumor springing from the dura-mater and pressing on the convolution having the supposed power.

The muscular symptoms may have their origin in a similar tumor existing in the left corpus striatum, in the left hemisphere of the cerebellum, or in the meninges covering the medulla-oblongata.

*Des Affections Nerveuses Syphilitiques, Paris, 1862.

The peculiar backward and circular motions observed during the paroxysm favor the theory of the *cerebellum* being the seat of the lesion, as such motions were caused by Dr. S. W. MITCHELL by irritating the cerebellum of pigeons.

SIR ASTLEY COOPER taught that nervous tissues were not liable to syphilitic diseases, although PARACELSUS, in the fifteenth century, demonstrated the fact that all diseases might be modified by the venereal poison. BENJAMIN BELL was the first writer who put forth clinical facts in support of his belief that "the venereal disease induces blindness, deafness, epilepsy, mania, etc." The so-called gummata, or gummy tumors, such as we have described as occurring on the frontal and parietal bones, have been observed in the brain by BONET, RICORD, CULLERIER, and LALLEMAND. Ricord called them syphilitic tubercles of the brain. Dr. WILKS* always found these tumors to have their origin on the meningeal surfaces. Dr. STEENBURG, of Schleswig, believes the syphilitic lesions of the brain to be subsequent to lesions of the arteries. Dr. GOODFELLOW, of the Middlesex Hospital, found in one case a gummatous tumor in the left opticthalamus. Among the conclusions of GROS and LANCEREAUX are

I. Nervous affections may be developed during any period of consitututional syphilis.

XXX. Nervous affections without appreciable lesion may arise in all the periods of syphilis.

In a very interesting paper in the New York *Medical Journal* for November, 1870, by E. L. KEYES, M. D., of New York City, a more or less detailed account of thirty-four cases of syphilis is given, showing several points of great practical importance in the history of its action on the nervous system. Classified according to the most prominent symptom, there were fourteen cases of hemiplegia, nine of paraplegia, four of epilepsy, two of facial paralysis, one of paralysis of biceps and deltoid, and four of intellectual derangement. In these cases the nervous symptoms were developed at varying periods after the time of primary infection, from two months in one exceptional case to twenty-four years in another; the usual period having been from one to ten years.

Among the conclusions of the author are,

1st. That nervous symptoms depending upon syphilis may arise within the first few weeks after an infecting chancre, or at any period later during the life of the individual.

3rd. That cerebral congestion is probably the pathology of many of the earlier nervous syphilitic symptoms.

8th. That syphilitic epilepsy usually occurs *after thirty* in patients who have not had epilepsy in early life. That headache is apt to precede the attacks. That the convulsions occur often, many in quick succession; the intermission between the series of attacks being comparatively long, but that during this period headache, or other nervous symptoms, exist or become aggravated contrary to what obtains in idiopathic epilepsy. That syphilitic epilepsy is liable to be associated with or followed by some form of paralysis.

9th. That aphasia is often associated with the intellectual disturbances caused by syphilis.

10th. That loss of memory is a common nervous symptom of syphilis.

*Guy's Hospital Reports, Vol. IX, 1863, and *Med. Times and Gazette*, Oct. 25th, 1862.

HOSPITAL REPORTS.

UNIVERSITY OF PENNSYLVANIA.

Surgical Service of Prof. AGNEW.

[REPORTED BY DE F. WILLARD, M. D.]

GENTLEMEN: I have the rare opportunity this morning of presenting to you a varied series of cases, which will illustrate several of the

Tumors of the Mammary Region.

The number of cases is large, and I shall be obliged to pass rapidly from one subject to another, but I trust you will be able to obtain the various diagnostic differences in the conditions.

Enlargement of Sub-Pectoral Glands.

CASE I.—R. H., 28 years of age.

This woman has, as you see, an enlargement in the anterior thoracic region, situated a little to the outside and below the left mamma; but you will also see, as I pick up the breast, that the tumor has no connection with it, but that both are individually movable. She says that she received a slight injury some three weeks since, and that it has since been quite painful and tender. Now she is in an anæmic, over-worked, broken down condition, and although this is in a region where scirrhus sometimes develops, outside of the mammary gland in the lymphatic ganglia, yet I do not think that this is an instance of that disease. The pain is

dull and aching, and the tumor, or rather tumors, for there are several nodules, are, as you see, at the lower border of the pectoralis major, where there lies a chain of glands.

The case is, therefore, one, I think, merely of enlarged glands, due to her vitiated condition, being excited by the local injury, and I do not think will result even in abscess.

Her treatment will be tinct. ferri chlor. gtt. xv. t. d., with the best of food and hygienic attentions, which her circumstances will afford, with tinct. iodine locally.

Abscess of Breast.

CASE II.—Here is a man who has also a tumor in the left pectoral region, a little to the outside of the nipple. He states that he received a blow upon the part some four weeks since, from a piece of iron, and that inflammation subsequently set in, incapacitating him from work for several weeks. Now we find this tumor of the size of an English walnut, soft and fluctuating, evidently containing pus, as I can easily demonstrate to you by an exploring needle. His health has suffered greatly from the severe pain which he has endured, and we must therefore sustain him by a liberal diet and a ferruginous tonic; the simple tincture of iron will be the best. This abscess does not yet seem to be quite ready for discharge, and we will therefore apply a simple flaxseed poultice to favor the formation of pus, and as soon as it shows any signs of pointing, lay it open with a bistoury.

Adenoid Tumor of Breast.

CASE III.—M. B., æt. 29 years; single. This woman says that she has had some difficulty with her breast for a period of nine years, a length of time which immediately causes us to conclude that it is probably not malignant in its character, or at least renders it unlikely, especially as we can perceive no indication of any impairment of the general health or contamination of surrounding parts. The tumor is oval in shape, about $1\frac{1}{2}$ by 1 inch in size; is hard but elastic; is somewhat lobulated, and is painful upon pressure, which pain, however, does not extend toward the axilla, but to the parts in the vicinity, being somewhat neuralgic in character. The nipple is not retracted; the integument is normal, and the axillary glands are not enlarged, yet there is continued and sometimes excessive pain in the part. The patient has a hereditary scrofulous taint in her system, but is in excellent health.

This, then, is probably not malignant, otherwise it would have advanced more rapidly, and would have implicated her general health. It is evidently one of those "irritable tumors of the breast," sometimes called adenoid. In its character it is benign, partaking more of the fibroid nature, and is dependent not on local but upon general causes.

This woman is unmarried, and it is in such instances that we usually find these adenoid growths, or less commonly in barren women, and it is usually connected with uterine derangements. An adenoid growth, strictly speaking, is simply a hypertrophy of glandular structure, yet the tumors described as such are fibroid in their character.

This tumor is not sufficiently large or troublesome to demand extirpation, and we shall, therefore endeavor to produce retardation, or possibly absorption of the growth, by the administration of potass. iodid. gr. v. and ol. morrh. ʒ ss. t. d., at the same time applying a little gentle pressure locally. This failing, its extirpation should be affected. As the pain is sometimes quite severe, we will also order ℞. veratriæ gr. ij, axug. ʒj., ℿ. S. To be well rubbed upon the part night and morning. Should any uterine derangements exist, they will be appropriately treated.

Epithelioma of Breast.

CASE IV.—M. H., æt, 45, widow; three children. Thirteen years ago had a sprouting fungus from a point a little to the outside of the left nipple, which was removed by excision, and there has been no return of any difficulty until 9 months ago, when a small vesicle appeared near the same spot, which, soon bursting, produced a little scab upon its site. This scab has continued to form and reform as often as removed, while beneath it can be seen an unhealthy ulcer, with sharp indurated edges, which has no tendency to heal, but is rather constantly extending; yet her health is in excellent condition.

From my previous descriptions and clinical cases, you will easily recognize this disease. It is epithelioma, or an epithelial cancer. It is a degenerative, abnormal, exalted action of the ordinary production and shedding of the epiderm and epithelial cells, which, being rapidly pushed forward, accumulate and agglutinate, thus producing the crust usually seen covering this sore. The term epithelioma applies to all hypertrophied conditions of the epithelium, from a wart or corn, to a cancer, and any one of them may take on degenerative action, though at first healthy.

In regard to this ulcer, I say of it as I have before said of those of a similar character in other regions of the body, *it should be removed early* before it progresses to a worse condition, infiltrating the adjoining parts and implicating the general system. That it has not yet injured the constitution is rendered probable by the fact that the neighboring glands are not implicated or enlarged.

As various applications have been already applied without success, to this ulcer, we will now, therefore, delay no longer, but will proceed to remove it. In doing this we may use either a caustic or the knife, and as I have another case to present to

you, I will employ the caustic in this one, and excise the other, since either will be the proper treatment. When seen early in the disease, I usually use caustic in this situation, and prefer the chloride of zinc paste, although arsenic or zinc. sulph. will answer very well.

[Canquoin's paste, made with three parts of wheaten flour, was then applied, the layer being quite thick, in order that the effect might be powerful. Syr. ferri iodid. gtt. x. and liq. potass. arsinitis gtt. v, t. d., were then ordered, to increase her strength. Two or three applications of the paste, at intervals of a week, will be sufficient for a cure. During the separation of the slough, warm water dressings were used.—De F. W.]

Epithelioma of Breast.

Case V.—B. K., æt. 64 years. Here is another case of epithelioma. She comes to us in good health, but is suffering from a tumor at the right side of the right nipple, an inch in circumference, which is discolored, and has a prominence in the centre which looks like a blister, but is not so. This tumor is hard to the touch, and induration extends for a considerable distance; its redness is abruptly circumscribed, the rest of the gland being apparently normal; the nipple is natural, and is not retracted; the axillary glands are not involved, and the mamma is freely movable. The pain is not acute but is very uncomfortable, and, as it is evidently passing as rapidly to the ulcerative stage, I think it will be wise to remove it at once, which I shall proceed to do with the knife as soon as the patient is etherized.

It will not be necessary here to remove the entire gland, but we will cut well outside the diseased indurated tissue, in order that there may be no return of the disease from any nidus.

[The tumor was then surrounded by an elliptical incision, and all the indurated tissues removed. The wound was brought together by silver interrupted sutures, adhesive strips being afterwards applied, and the whole dressed as hereafter described under scirrus.—De F. W.]

Scirrus of Breast.

Cases VI., VII. and VIII.—I have now to present three cases, which are far more serious than any which you have already seen. One of them I shall but simply show you, as she has not summoned sufficient courage to undergo the necessary operation, but the other one knows the risk she runs by waiting, and is prepared to submit to what she knows to be a necessary proceedure.

They are both affected with scirrous cancer, a disease which so frequently attacks elderly married ladies and is so universally fatal. One of them, forty years of age, has been troubled with this tumor for about one year, at which time it first began to manifest itself as a hard lump in the upper portion of the gland. It has steadily increased in size, and has been accompanied by considerable pain from the first, but is now growing much worse in this respect, being sometimes so severe and lancinating as to prevent sleep. It is now nodulated, but is still movable, adhesions not being strong as yet. The nipple is only just commencing to retract and the axillary glands are not yet involved.

Taking these symptoms into consideration, and from the sensation imparted to my fingers, I am confident that this is scirrous cancer, although the general health has not been perceptibly injured.

Scirrous cancer is, as you know, chiefly confined to married women, (rarely seen in man,) between the ages of forty-five and fifty years, being seldom found before twenty-five. It occurs not precisely at, but about, the time of the cessation of the menses, which change has consequently been supposed to be a chief factor in its production; yet I think it is not strictly due to this change, but should rather hold that the aptness of this time of life for the development of scirrous, was chiefly attributable to the general failure of the process of maintenance by nutrition, which usually has at this time its beginning, and of which the most obvious natural signs are in the diminution of the powers of the reproductive organs.

The cases before us are both between the ages of forty and fifty, but this one, who is only forty, is still menstruating, which tends to show that coincident events have also great influence upon its production.

The second case, a woman of forty-two, has passed her climacteric period, but had not done so when this tumor first made its appearance, five years ago. At that time she noticed a small, hard lump in her right breast, just above the nipple, which simply gave her slight inconvenience, but was not accompanied by any pain, and did not seem to enlarge in size or progress in any way until about a year since, when it began to be the seat of an occasional sharp, lancinating twinge. It soon commenced to increase in size, and has since grown with considerable rapidity, being often accompanied by severe pain. Soon little cracks formed in the skin, and a slight discharge commenced which has since continued almost continuously. Her general health has not as yet been greatly impaired, although she begins to show evidences of the ravages of the disease. The nipple is not much retracted, and the axillary glands are not enlarged. She does not remember that any of the members of her family were ever affected in like manner, though this is quite often the case, two, three or even four individuals dying of the same complaint, thus showing a hereditary disposition,—this hereditary taint is probably present in about the proportion of one to five or six patients.

The cause of this disease is often attributed to a blow or other injury to the part, yet such injury could not have been the actual cause,—it rather but set into activity the germs of this disease which

previously existed in the part. That such blows often hasten the result, is true, yet many cases occur in which no such accident has happened.

A scirrous cancer increases from the first small lump, at varying rates, but steadily and gradually replacing line after line of gland structure with its own morbid matter until, adhesions being formed, the whole breast becomes a solid, contracted, firm mass, firmly fastened to the pectoral muscles and to the skin, while the nipple has been also drawn inward and depressed, and the pressure causes an enlargement of the superficial veins. Soon the axillary and subclavicular glands enlarge and become painful, and at last, at an uncertain time and growth of the cancer, ulceration ensues, and the mass becomes an open, sloughing sore.

This ulceration may commence either superficially or from a breaking down of the substance of the tumor and a consequent discharge. In the former case the skin first cracks, a scab forms and falls leaving an excoriated surface, which soon becomes a true ulcer, and discharges a thin, acrid, copious fluid. When the discharge takes place from a breaking down of the cancerous tissue, the ulcer is more extensive and deeper.

In the late stages, all scirrous ulcers become characteristic. They have a "punched" appearance, the edges being steep and raised by an exuberant formation of cancer just beneath this edge. These edges are everted, because the firm, unyielding margin will not stretch before this exuberant growth, while they are, at the same time, nodulated in conformity with the mass beneath. The discharge is often profuse and sometimes extremely offensive, giving a characteristic odor to the apartment, and the consequent drain soon makes itself apparent in the rapidly failing health of the patient.

This appearance I can well illustrate by case No. VIII. An Irish woman, 64 years of age, the mother of 14 children, who states that she had no difficulty with her breasts until about two years since, when she received a blow upon the right one, which was soon followed by growing uneasiness. A small, hard tumor soon appeared, which gradually and steadily increased in size, accompanied by considerable pain, until it finally commenced to soften and at last ulcerated, in which condition it has since remained, constantly discharging an extremely offensive pus, rendering her life miserable, even with the utmost attention to cleanliness. The nipple is not to be discovered, having evidently entirely sloughed away, as has, also, a large portion of he mass, while about the tumor all the parts are densely indurated, and the pain is often unendurable. Notwithstanding all this difficulty, however, her health is still comparatively good. Her appetite is normal, and all her functions are properly performed. This tumor is firmly adherent to all the rounding parts, and as I pass my hand outward I find the whole chain of lymphatic glands lying along the border of the pectoralis major densely indurated, as are also those of the axilla. In fact we find here all the evidences of a typical advanced case of scirrus. The ulcer also presents the characteristic steep edges, and foul, ragged bottom.

Of course this woman has come to us too late. It would now be worse than folly to interfere, since we should be sure to hasten the fatal result. The disease would quickly return, either in the cicatrix or in some distant organ, as the liver.

The first two cases are favorable for an operation, however, and I shall proceed to extirpate the breast of the second as soon as she is etherized. The other will be reserved for a future occasion.

In regard to the advisability of an operation for a disease which we know must eventually end in death, I have not here the time to dilate, but would refer you to your surgical works for statistics and observations. I would simply say that each case should be individually considered and decided upon entirely from its own merits, but I am confident not only that many cases can be made more comfortable by such removal, but that months may be added to their lives. Even when the axillary glands are somewhat involved, such extirpation is often followed by most happy results, provided these glands be removed at the same time with the breast. In fact it would not be unwise, in some few cases, to remove the tumor even after the ulcerative stage had been reached, provided the general constitutional symptons had not progressed as rapidly as the local, more especially since we thus replace despair by hope, which, though short, will be a boon to the sufferer; moreover we also remove an extremely offensive sore.

The disease may recur in a few months, but it has been known to remain absent for several years and finally return but in an internal organ, thus causing a painless death.

In deciding upon operative procedure, we should keep in mind that this disease may destroy life in two ways—one, by its consequences as a local disease, the other, independently of the local affection, by its primary and specific cachexia. As these do not contribute equally, however, we should endeavor, in each case, to determine which will add most—the local disease, remediable by the the knife, or the constitutional, which will probably be intensified by the operation.

Upon future occasions, as cases will frequently be presented, I shall be able to speak more fully upon the diagnosis of these cancerous tumors. At first it is always difficult to give a positive answer, but the symptoms enumerated will soon guide you. Scirrus differs from encephaloid, in its contracted, hardened appearance, and by the soft, fluctuating consistency,

rapid growth of fungous, ulceration and hemorrhagic character of the latter.

A fibroid tumor imparts a different impression to your hand, and is different also in its history.

Amputation of the breast is performed by removing the nipple and an excess of skin by an elliptical incision along the border, and in the direction of the fibres of the pectoralis major muscle. This being done, the entire gland and all diseased structures can be dissected out, as also the axillary glands by simply prolonging the incision in that direction. Should the hemorrhage be excessive from the divided mammary arteries, they should be tied at once. In regard to the after-dressing, I shall draw these edges accurately together, by silver interrupted sutures, hoping for union by first intention, while adhesive strips will add to support. I shall then cover the wound with a layer of lint wet in carbolic acid in the proportion of one to nine of olive oil, and above this place a dry compress of lint, confining the whole by a bandage, or better, by a broad band like an obstetrical binder, which can be more conveniently pinned.

It need not be opened until the second day, when it may be simply reapplied if there be no symptom of inflammation. If inflammation exists we should apply laudanum and water.

In the case of the old lady, we can do nothing but palliate. Her strength must be supported by food, stimulants and tonics; the pains relieved by anodynes at night, and the parts kept as clean as possible by the constant use of injections of carbolic acid ʒj. to Oj. of water. The parts should also be kept constantly dusted with Phœnix powder made of fuller's earth and carbolic acid, which I consider the best.

[The operation was then performed, and every portion of implicated tissue removed. Union was good and recovery speedy.—De F. W.]

In concluding this array of breasts, from which I trust you have drawn some "nourishment," let me introduce to you

Case IX. A Scotch woman, 50 years of age, presenting an exceedingly rare and interesting disease, and one which I have myself but seldom seen. It is an instance of

Cancer of the Breast, Resembling the Lardaceous Type.

The left gland commenced to hypertrophy four years ago, and continued steadily increasing in size without either pain, inflammation or other abnormal feeling, until about two years since when it ceased to enlarge and commenced to diminish. This process has gone steadily on since that time, and we now have the skin already beginning to present that characteristic hard, glazed, bacon-like appearance which is usually seen in this disease. The nipple is so retracted that it is scarcely visible, and I have no doubt, judging from the other cases which I have seen, that this contraction will steadily progress (especially as I see the other breast has become implicated, as well as the neighboring glands) until the shoulders will even be drawn forward by power of this condensation and hardening, and at last the woman's health, which already is suffering greatly from the excessive pain, will give way and she will sink from exhaustion. Tonics and anodynes are our only resource.

COLLEGE OF PHYSICIANS AND SURGEONS, NEW YORK.

January 13, 1871.

DISEASES OF WOMEN.

Dr. Thomas being unable to attend, Dr. James L. Brown conducted the clinic.

Leucorrhœa.

Mrs. M., æt. 31; has five children, youngest 9 years old. For three years has had a pain in the back, and irritation of the bladder, with constant discharge from the vagina. This discharge was watery and offensive, and sometimes tinged with blood. Upon any exertion this runs from the patient in a stream. Has not menstruated in three years.

Dr. Brown said the history of the case was exactly what would lead us to suspect epithelioma; but on making a vaginal examination the cervix is found to be normal. Flowing from the os was a stream of pus. On introduction of the sound the patient complained of pain in the fundus. The intra-uterine measurement was 2½ inches. The diagnosis of the case is corporeal endometritis, the first of the kind that has been presented to the class this season.

Dr. B. said that he would take for his text leucorrhœa, a symptom the most common of all diseases of women, and would consider this symptom as a disease.

There are three main sources of it: vaginitis, *cervical* and *corporeal endometritis;* but it is also derived from every form of uterine derangement, malposition, out-growths, etc.

The question often arises how much of a discharge constitutes leucorrhœa? This has been settled conventionally, by deciding it to be such when the linen is soiled by it.

The diagnosis of cervical from corporeal endometritis is exceedingly difficult, but when a limpid slimy mucous is discovered coming from the os, endocervicitis in all probability exists. And when the discharge is opaque and thick, or even purulent, we suspect endometritis.

Inflammation of the cervix offers the best hope of cure; three or four months sufficing. The prognosis

of endometritis, on the other hand, is by no means so favorable. SCANZONI states that he has never cured a single case of chronic leucorrhœa.

Treatment.—Inasmuch as leucorrhœa is a symptom of debility, tonics are especially indicated.

Plain water injections morning and evening are of service. Half a gallon to be used at a time. If there appears to be endocervicitis, a solution of nitrate of silver (xxx gr. ʒj.) may be applied once a week. I have found this to be more satisfactory than anything else.

In respect to the case before us, there is very little hope of curing her completely.

First—Tonics will be ordered; a piece of cotton will be saturated with the solution of nitrate of silver, and introduced into the cavity of the uterus, and within twenty-four hours the organ will have expelled it.

Gynæcologists, in this city, are at present discussing the use of intra-uterine injections. The majority are much opposed to them, many thinking that they have frequently caused the death of patients.

COLLEGE OF PHYSICIANS AND SURGEONS.

Diseases of Women; Clinic of Prof. T. G. THOMAS.

January 20, 1871.

Ovariotomy.

Dr. THOMAS explained his absence at the last clinic by being compelled to operate on that day on a patient who had been at the clinic a month ago. He was very sorry that the class could not witness the operation, but he hoped that arrangements would be completed so that in future they would be able to see them at the hospital.

In this case both of the ovaries were found cystic, but only in one could there be found any evidences before the operation. The large cyst was enveloped by the peritoneum and had to be enucleated in removal. The operation lasted one and a half hours. Six ligatures were left in the cavity of the peritoneum, but no bad symptoms have followed. The patient now is doing finely.

Sterility from Endocervicitis—Proposed Operation.

Mrs. M., æt. 25; 3 years married. Has the whites one week before and one week after her periods, but has no other trouble. Never has been pregnant, and on this account suffers much from the ill-treatment of her husband. On vaginal examination the os is found patulous, and hanging from it is a plug of glairy mucus. The cervix itself is much shorter than normal; no other irregularities are discovered in the uterus. The reason of the whites was due to the congestion of the organs, which take place about the time of menstruation.

Dr. MARION SIMS has proved, by demonstration, that when the spermatozoa pass into the cervix in this condition they are killed by the abnormal secretion; and, moreover, the plug itself completely fills up the cervical cavity.

The patient would very likely soon grow dissatisfied by the ordinary treatment, but if she calls around next Friday the steel currette will be applied, and the whole of the glands removed, or at least as many as possible. It may require, however, several operations. If the patient is kept quietly in bed, there is no serious danger from the operation.

Secondary Syphilis of Vulva.

Mrs. C., æt. 27. An examination of patient shows secondary syphilis to have attacked the vulva. The urethra is nearly gone. The clitoris is much hypertrophied. Ulceration of vagina has taken place and extended as far as the rectum, involving that. The labiæ are quite edœmatous.

Dr. T. warned gentlemen making an examination in this class of cases when there was a wound on any of the fingers. He knew of several cases of medical men who in that way had contracted syphilis, and only appreciated it after secondary symptoms developed themselves.

Mistaken Diagnosis of Polypus.

Mrs. P., æt. 41; sick since last February with weakness accompanied by severe pain in back; does not now have any periods.

On making a vaginal examination the cervix is found slightly dilated, and on the posterior wall of the vagina near the cervix is a fibroid thickening; this is nothing very unusual, or anything requiring an operation. The patient was sent to the clinic with a note from her attendant, saying he suspected a polypus. This is not so—polypi are *glandular cellular, fibrous and mucous*, or in other words, are composed of some of the tissues of cervix. They also have a pedicle; this has not.

MEDICAL SOCIETIES.

NEW YORK PATHOLOGICAL SOCIETY.

January 11*th*, 1871.

Uterine Tumor—Submucous Result of Operation.

Dr. E. DELAFIELD presented uterus and contents with history, on behalf of a candidate. The patient, aged 30, entered the Woman's Hospital October 12th, 1868, complaining of pain in the pelvis existing for about six months. On admission the cervix was dilated, and a tumor was detected above the internal os.

October 21st.—Cervix fully dilated by sponge tents; tumor found to be attached to the posterior

wall. Shortly after this, patient was discharged; but returned during January, when both lips of the cervix were cut and ergot given to force down the mass. After recovering from this operation, again left Hospital, but came back on November 3rd. At this time a physical examination revealed the fact of the growth having passed down to the inferior os.

Dr. EMMET then incised the mucous membrane to hasten its expulsion.

November 28.—Patient's left leg began to swell.

December 8.—Complained of pain in chest, with great dyspnœa and lividity.

December 9.—This again returned, and patient died.

The uterus was found to contain a fibroid tumor the size of a fetal head. No lesions were found in the thorax to account for the urgent symptoms before death. Kidneys were enlarged. The left iliac vein was found to contain a thrombus. Dr. D. said there were two main points of importance in this case. First, the operation itself to bring down the tumor and prevent hemorrhage. Second, the occurrence of thrombosis and pyæmia.

Incision of Femoral Artery.

Dr. FINNEL presented a specimen of femoral artery which had been cut through by a knife. Death is supposed to have occurred in a very few minutes.

Foreign Body in Liver.

Dr. F. also presented a specimen of liver in which there was apparently a piece of whalebone jutting out. This was referred to the microscopical committee.

Lithotomy with Effects of Opium.

Dr. KEYES showed several calculi removed from a man under the following circumstances:

Patient had been under treatment for a length of time, yet the state of his bladder was never suspected. Opiates had been given to him to such an extent that he became a confirmed opium eater. After an examination of his bladder, the ordinary lateral operation was decided upon. The case did pretty well, but the incision refused to granulate. He then was given his accustomed quantum of of opium, when the wound rapidly healed.

Dr. Keyes was of opinion before the operation, from his experience with tobacco smokers that a larger amount of the anæsthetic would be required. In this he was mistaken.

The President of the Society stated that it was his custom to give a dose of morphia before the ether.

Dr. ROGERS said that he had seen in the foreign journals, that hypodermics of morphia had been advised to prolong the anæsthesia.

Intussusception.

Dr. J. L. SMITH presented portions of the intestines of an infant showing intussusception four inches above the ilio-cæcal valve.

The only symptoms noticed were slight convulsions and death. An examination of the specimen showed only slight inflammation of the invaginated portion.

Purpura Hemorrhagica—Laryngitis, Tracheitis and Bronchitis.

Dr. LOOMIS presented the larynx and trachea o. a case with the following history: The patient, aged 47, had been a drunkard for years, but for three or four years before his death showed signs of debility. One week before entering the hospital complained of cough; the next day or so spots appeared on his forehead, with nausea and vomiting.

On admission into Bellevue Hospital the whole surface was dark with blebs scattered here and there. There was also complete aphonia with distressed respiration. The day after coming into hospital he had an attack of hæmoptysis followed by death. At the autopsy the lungs were found congested and œdomatous.

The pharynx, larynx and bronchial tubes were dark from punctate ecchymosis and covered by fibrous exudation.

ACADEMY OF MEDICINE.

January 19th, 1871.

Dr. BUCKLEY read an appropriate address, and said he had much pleasure on introducing his successor, Dr. EDMUND R. PEASLEE.

The President, after being installed, reviewed the history of medicine from the earliest times, and proceeded to speak of the claims of the science on medical men. A question that proposes itself to the devotee of medical science is, how may it be advanced? First, by encouraging the labors of others; second, by our own labors.

We may ourselves advance it by arranging facts, by correcting errors, and by actual discoveries. Many are adapted to the first two divisions of the work, but comparatively few can make discoveries. Those who aim at original investigation, should first make themselves familiar with everything that has previously been accomplished in their branch, else they will find, as frequently occurs, that they have been anticipated.

Inflammation displays a field nearly entirely open, nothing yet of any importance being achieved.

Digestion, also, has many things that are but feebly understood.

The discoverer has two claims; firstly, by facts, secondly by principles obtained by deduction.

The one is the result of observation, simply; the other comes by reason; but in either intense and continued thought is required. It is a noted fact

that no irregular man has ever yet made a development which was confirmed to be original.

The question arises, who have the leisure to do the work? The obvious answer is, young men; and by far the largest amount has been done by men under 40. Yet there are many instances to prove that great labors have been finished by men who were 80 or nearly so.

Dr. SMITH read resolutions, the production of a meeting composed of members of the Academy of Medicine, and of the N. Y. County Medical Society, held this morning. These resolutions expressed sorrow and condolence for the death of Dr. WM. B. BIBBINS, formerly an officer of the Academy of Medicine, and ex-President of the Pathological Society.

The President announced that at the next meeting a paper would be read on diabetes mellitus, by Governeur M. SMITH.

EDITORIAL DEPARTMENT.

PERISCOPE.

Diseases of Domestic Animals.

We are indebted to our English exchanges for the following items:

Cattle plague is at present reported to exist in *Austria*, in the provinces of Transylvania and Galicia; in *Belgium*, in the districts of Jamoigne and Bloid; in *France*, in Alsace and Lorraine, Seine and Marne, the Ardennes, and the Moselle; in *North Germany*, in Prussia, Rhenish Prussia and Brandenburg, in Pomerania and German Lorraine; in *South Germany*, in Bavaria, Baden, and Wurtemburg; in *Russia*, in Poland, places opposite East Prussia, and at Riga and its vicinity; in *Turkey in Asia*, on the north-east coast of the Black Sea; in *Turkey in Europe*, in Thessaly and Roumania.

Pleuro-pneumonia exists, abroad, in Holland, North Germany, and Turkey in Asia; at home, in thirty-six counties in Great Britain.

Foot-and-mouth disease exists abroad, in North Africa, many parts of South America (especially on the north of the Rio Nigro, and on the side of the river Uruguay), in Denmark, France, Italy, and the United States; at home, in sixty-three counties of Great Britain.

Sheep-pox exists, abroad, in North Germany, and Italy; there is no report of its existence at home.

Sheep-scab prevails, abroad, in North Germany, and is reported to exist at home in thirty-three counties of Great Britain.

Besides the above-named diseases, others are said to be raging in various parts of the world, notably in Texas; cattle-plague in Virginia, splenitis in Prussia, and fatal diseases among horses in Italy, Russia, and Sweden.

The treatment of pleuro-pneumonia in cattle has attracted a good deal of attention of late, Carbolic acid has long been recognised as an excellent agent in cases of pleuro-pneumonia, though experience shows that it is more effective as a prophylactic than as a curative. The most successful treatment which has been tried and officially reported on by the veterinary medical advisers of the Privy Council in contagious pleuro-pneumonia consists of the external and internal use of carbolic acid, with strict attention to diet and temperature. Carbolic acid (crystalline), one drachm; rectified spirit, two ounces; linseed mucilage, one pint; shake the acid with the rectified spirit, and add the mucilage. This dose should be given twice a day to an adult animal, and half the quantity twice a day to a steer or heifer. Carbolic acid mixed with fifty parts of water should be freely used to the floors of the sheds in which the cattle (sick or healthy) are kept; a strong odor of the acid should always prevail in the sheds if the agent is used sufficiently often. Very little benefit is likely to result unless the treatment is commenced in the early stage of the disease, and, even then, the major part of the cases terminate fatally.

Carbolic Acid in Otorrhœa.

Dr. JOHN P. PENNEFATHER says in the *Lancet*:

The following cases, as examples of the almost uniform good results attending the use of carbolic acid as an injection in chronic otorrhœa, may not be uninteresting to the profession. I have taken them at hazard from some hundreds which I have treated in a similar manner at the Royal Dispensary for Diseases of the Ear. In the few instances in which its application failed to entirely cure, it not only lessened the secretion considerably, but deprived it of the disgusting fetor by which it is usually characterized—a boon of no small moment both to the sufferer and the surrounding friends The proportions in which I have prescribed it, are: carbolic acid, one drachm; glycerine, one ounce; distilled water, five ounces. I have never found it create the slightest irritation, and the only complaint I have heard was when a too vigorous appli-

cation of the syringe forced the fluid through a perforated membrane into the mouth.

Case 1.—Wm. W.; fell from a ladder four years ago. Had suffered from profuse, hischarge from his right ear ever since. On Nov. 13th was ordered to syringe with carbolic acid lotion, three times daily. Discharged, completely cured, on Nov. 26th.

Case 2.—Mary Ann W.; has suffered from highly offensive discharge from right ear for three years, after scarlatina. On Nov. 12 was ordered to syringe with carbolic-acid lotion. Discharged, well, on Nov. 26th.

Case 3.—John W. W. Discharge from right ear for twelve years; attributes it to a severe cold. On June 17th was ordered to syringe with carbolic-acid lotion three times daily. Discharged, well, on July 1st.

Case 4.—Henry B., aged three years. Discharge from both ears for twelve months, after whooping-cough. On Oct. 28th was ordered to syringe thrice daily with carbolic-acid lotion. Discharged, well, on Nov. 18th.

Case 5.—Jane W. Discharge from left ear for ten years, after scarlatina, highly offensive. On July 6th was ordered to syringe with carbolic-acid lotion three times daily. Discharged, well, on Nov. 25th.

Case 6th.—Mary S. Discharge from left ear for fifteen years, after scarlatina. Complains much of its offensive character. On June 8th was ordered to syringe with carbolic-acid lotion four times daily. Discharged, well, on Nov. 18th.

Safety of Hypodermic Injections.

A paper was recently read before the Clinical Society of London by Dr. Handfield Jones, entitled, "A Query as to the Safety of Subcutaneous Injections." Three cases were described in which the injection of small doses of morphia or opium (1-5 gr. of morphia in the first case, 5½ minims of liquor opii in the second, and 5-24 gr. of morphia in the third) had been followed by more or less serious fainting. Reference was made to published cases of serious symptoms following subcutaneous injections of morphia. He suggested the subject as one upon which the Clinical Society might usefully bring their experience to bear, especially with the view of discovering whether there were any objective signs of the state in which opium was not tolerated, and whether such a state might exist at one time and not at another. He thought it very desirable to ascertain whether morbid changes in the valves or muscular tissue of the heart increased the liability to the occurrence of syncope, or whether this was chiefly dependent, as chloroform-syncope seems to be, on some latent infirmity of the cardiac nervous centres.

Dr. Southey cited an instance in which death had followed the injection of a sixth of a grain of morphia, and made some remarks, the pith of which was that such injections were dangerous in cases of advanced heart disease.

Dr. Charles Hunter, speaking from an experience of about 2,000 cases annually, saw no risk in the system of hypodermic injection, whether there was evidence of heart disease or not. Care should be used at the first injection, and the state of the kidneys should be looked to. It was possible that tetanus might result from puncturing a nerve, but he had never seen it.

Ileus Cured by Electricity.

Dr. Macario, of Nice, has published this case in the *Annali Univ.*, Oct. 1870.—The patient was a gentleman of seventy-one, who being habitually costive, used purgatives and clysters to excess. On the 22d of February last, he had taken in the morning, no less than six enemata of warm water to open the bowels, and eaten his meal as usual. Half an hour afterwards he was seized with severe pains in the umbilical region with some vomiting, and an alvine dejection took place at 4 P. M. The latter seemed to be simply the expulsion of the clysters. From that time no fæces or flatus passed, and the patient presenting a haggard countenance, and suffering severely from cramps in the legs, had all the appearance of a man stricken with cholera. A consultation was arranged for the next day, and Dr. Macario proposed, as no hernia could be discovered, to use electricity. A powerful battery was procured, and one of the conductors was placed in the rectum, while the other covered with a wet sponge, was moved about on the abdominal parieties. The latter contracted energetically, the surface of the abdomen looking, says Dr. Macario, like a sea agitated by billows. The patient experienced much pain, and begged that the current might be broken. It was continued for ten minutes; the vomiting ceased, a visible improvement took place, and four hours afterward the bowels were moved, several evacuations taking place the same night. Whether the case was ileus or not, it is clear the galvanic current proved very effectual.

The Rapidity of Nervous Impressions.

Some further experiments on this point are recorded in the *Centralblatt für Medicin. Wissenschaften.* The median nerve was irritated first where it runs in the bicipital groove, and afterward at the wrist, where it runs on the ulnar side of the musculus flexor carpi radialis, the distance of the electrodes being about 300 millimetres, or above one foot. The muscular contractions produced were strong, a more powerful current being required

for the excitation of the nerve above where it lies deepest. In order to obtain trustworthy results, one or two minutes were allowed to pass between each experiment. The best observations gave a result of from 50 to 60 metres per second as the rapidity of propagation of motor impulses, with a mean of 53 metres per second. This differs considerably from the estimate of HELMHOLTZ, who estimates it at only 33 metres per second. The point of excitation in Helmholtz's experiments was somewhat higher than in those of M. PLACE, the experimenter; and when Helmholtz's point was taken, a number (35.25 metres per second) not very different from his was obtained.

Further investigations showed the general truth of MUNK's observation, that the rapidity of propagation of impulses was much greater in the peripheral than in the central portions of a nerve. Helmholtz's observations were carried on with a new instrument, of which the idea was suggested by FICK. He found that variations in temperature exert an important influence on the rapidity of propagation of motor impulses, the rapidity being much greater in warm than in cold temperatures. He found also that when two induction currents are passed through, an interval of at least 1-500th of a second must elapse between them in order that the second stroke should produce an augmentation of the muscular contraction. If the period be less than this, the two act as a single shock; with an interval of 1-300th of a second the augmentation is very perceptible. Constant currents readily produce tetanus, especially when passed in a downward direction. Oscillations are felt in the muscle, the duration of which amounts to 0-09 of a second.

Prolapse of the Funis.

A member of the Medical Society of London, Dr. BRUNTON, advocated recently the postural treatment of this complication. He showed how the postural method was, in accordance with the principles of common sense, always applicable, the hand was the only instrument required, there was no danger to the mother, as in version, and out of ten cases thus treated by him, eight were born alive, of the two that were dead, one died before he arrived, and in the other case there was an extensive disease of the placenta. The operation consists in altering the direction of the uterine axis or plane, which is downward and backward, when the mother lies on her back, and nearly level when she is in the usual obstetric position; by placing the mother on her hands and knees in the attitude of an Eastern worshipper, the axis is made to pass upward and backward, then the cord can be returned by the hand during the intervals of pain or by its own weight, it slips up beyond the head—the fingers are made to irritate the os uteri by rotation till pain comes on, then the lower segment of the uterus clutches the head or presenting part firmly and no prolapse occurs. The difficulty being thus overcome, the patient can now assume the usual obstetric position. Dr. Brunton showed some of the instruments usually employed for the reduction of the cord. He illustrated his subject by drawings, and suggested a modification of the postural method by applying the same principle, the action of gravity, in the usual obstetric position, when the uterine plane had been altered by propping up the pelvis by pillows, so as to give the uterine plane an inclination by which the cord might slip up. Dr. Brunton had not seen the postural method described in the manuals of obstetrics, except cursorily, as the knee-elbow position was the method more generally known, and followed infant mortality in cases of prolapsus funis would be reduced to a minimum.

Enlargement of the Uterus.

Dr. ATTHILL read a paper on this disease, at a late meeting of the Dublin Obstetrical Society:

After passing an encomium on the uterine sound, which he considers to be not only one of the most useful, but also the safest instrument we possess, if carefully and skilfully used; he proceeded to say that enlargement of the uterus was met with in a very large percentage of those cases in which the symptoms are referable to the organs of generation in the female, a condition easily explicable when the great change which takes place in the uterus under the influence of pregnancy, and even, in a degree, at each menstrual period, is borne in mind. The following, apart from the actual existence of pregnancy, are the causes to which most frequently enlargement of the uterus is due, namely to—

1st. Sub-involution of the uterus after pregnancy or abortion.

2nd. Congestion of the uterus from sudden suppression or retardation of menstruation.

3rd. Acute inflammation of the uterus, or its peritoneal covering.

4th. Chronic inflammation of the uterus.

5th. Hypertrophy of the uterus.

6th. The stimulus given to the uterus by the presence in its walls of fibrous tumors.

7th. The existence of any form of intra-uterine tumors.

With respect to sub-involution, it was very frequently met with, being a condition specially likely to occur in cases in which any form of pelvic inflammation follows delivery. It may occur also after abortion. The earliest symptom of sub-involution, and the most common is, undoubtedly, menorrhagia, a symptom nearly invariably present. Dr. Atthill, however, narrated a case of sub-involution of the uterus, in which amenorrhœa existed. The uterus in this case was very large, the sound penetrating

to the depth of five inches. This patient was perfectly cured, the treatment adopted being the introduction up to the fundus of the uterus of eight grains of the solid nitrate of silver, which, dissolving stimulated the whole of the inner surface of the uterus, and caused healthy interstitial absorption to be set up. Dr. Atthill advocated this plan of treatment in cases of enlargement of the uterus depending on sub-involution. The occurrence of enlargement of the uterus from sudden suppression of menstruation was next dwelt on; the occurrence of this form of enlargement is difficult to verify. Dr. Atthill, however, stated that he believed it to take place not unfrequently, and gave the particulars of a case in which the measurement of the uterus, by means of the sound, proved this to be so. All writers mention the liability of the uterus to enlarge during an attack of acute inflammation of that organ. The correctness of this was confirmed by the details of cases in which, by the introduction of the sound, the increase in size and subsequent diminution was proved, in instances both of metritis and peritonitis. Chronic inflammation of the uterus appears to be a very common cause of enlargement of the uterus, and gives rise to much distress. It is often associated with retroflexion, not unfrequently being the cause of that displacement. Menstruation was stated to be, in the writer's opinion, generally much diminished by the occurrence of chronic inflammation. Of all the cases of enlargement of the uterus, simple hypertrophy of the muscular tissues of the uterus is that giving rise to the greatest amount of distress, and the form least capable of being benefited by treatment; in it menstruation occasionally becomes painful, sometimes scanty, but seldom, if ever, increased in quantity. Cases illustrating this, and each of the other forms of enlargement of the uterus, were detailed and commented on, and the paper concluded with some general observations on treatment. The consideration of the other forms of enlargement of the uterus being deferred to some future occasion.

Paroxysmal Hæmaturia.

At a recent meeting of the Clinical Society of London Dr. WILTSHIRE narrated five cases which he thought presented the characteristic symptoms of paroxysmal hæmaturia—namely, rigors, yellow discoloration of the skin, and dark urine, the latter containing the red coloring matter of the blood, albumen, oxalates, lithates, etc. Observation had led him to regard the yellowish discoloration of the skin as the most constant and important symptom, and he advanced the hypothesis that it was due (like the dark urine) to disintegration of the red corpuscles of the blood, the disintegrating agent being a volatile organic acid, probably a fatty acid, which was thrown back into the system by chilling of the skin in persons predisposed to the affection. He supported this view by a reference to the effect of venoms on the blood, and especially when the virulence of these poisons was intensified by the addition of volatile organic acid. He also cited the discolorations of the skin which are seen in pyæmia, Addison's disease, chlorosis, certain forms of so-called jaundice, as icterus neonatorum, sudden suppression of normal discharges, as the sweat, menses, etc., and referred to the greenish hue of unhealthy women at the catamenial period, as evidence that chromatic changes might occur in the skin as the result of auto-genetic poisoning. He argued that the elimination of the coloring matter of the blood by the kidney was not an essential symptom, and adduced evidence in support of this view. He thought that, clinically, the scope of the disease should be widened, the pathological process comprehending, he believed, a considerable number of affections not hitherto classed with it. Believing the disease to consist essentially of a process of diffused hæmatolysis, and arguing that, as a consequence, the names hitherto employed—namely, intermittent or paroxysmal hæmaturia, hæmatinuria, and cruenturia—only expressed a symptom, and that neither a constant or necessary one, Dr. Wiltshire, although averse to the invention of new names, proposed "paroxysmal hæmatolysis" as a more fitting and expressive one.

How to Administer Raw Meat.

The *Lancet* says: "The fillet should be preferred, as being the most delicate and the richest in muscular fibrin. It should be freed with the utmost care from fat and tendon. It should be finely minced, and then brayed in a mortar of wood or stone. When reduced to a paste it should be covered with sugar, gluten, or vegetable gelatine to overcome the repugnance with which it is at first naturally regarded. Some prefer to squeeze out the juice and swallow it mixed with a little rum or orange-flower water; whilst others again make it into boluses, and take it in slightly warmed beef-tea or soup."

Oil of Peppermint as a Local Application in Neuralgia, etc.

A correspondent of the *Lancet* says:—"A few years ago, when in China, I became acquainted with the fact that the natives, when suffering from facial neuralgia, applied oil of peppermint to the seat of pain with a camel-hair pencil. Since then, in my own practice, I have frequently employed the oil of peppermint as a local anæsthetic (?) not only in neuralgia, but also in gout, with remarkably good results. I have found the relief from pain to be almost instantaneous."

Reviews and Book Notices.

BOOK NOTICES.

On Epilepsy: Anatomo-Pathological and Clinical Notes (with original plates and engravings). By M. Gonzalez Echeveria, M. D., etc. New York: William Wood & Co., 61 Walker street. 1870. 1 vol., 8vo., cloth, pp. 386.

This volume is the result of a large amount of careful original research, and throws much light on an obscure and fearful disease. The author's views are based upon numerous necroscopic examinations of epileptics, as well as an extended study of many cases. He finds the medulla oblongata to be the primary seat of epilepsy, and that it at first involves the vaso-motor nerves. Synoptical tables are given of the principal phenomena in over three hundred cases, and a very complete discussion of the real and alleged causes are entered into. The treatment, with illustrative cases, occupies a good share of the work.

The publisher has done his part admirably. The type is large and clear and the paper excellent. A number of well executed chromo lithographs of pathological appearances add much both to the beauty and the value of the book. On the whole we consider it the most valuable contribution to the study of epilepsy which has appeared for some time.

The Transmission of Life, by G. H. Napheys, A. M., M. D., member of the Philadelphia County Medical Society; corresponding member of the Gynæcological Society of Boston, etc.; author of the "Compendium of Modern Therapeutics;" "The Physical Life of Woman," etc. 1 vol. 12 mo. J. G. Fergus & Co., Philadelphia. Price $2.00.

We have examined this work with considerable curiosity. It is intended to meet a want which during the last year has been urgently expressed by several medical and literary journals in this country and England; namely, to place before the public in popular yet irreproachable language, what information regarding the hygiene, nature, uses and abuses of the procreative function in the male, is necessary to protect the individual from the evil consequences of his own folly or ignorance. We agree with the journals referred to that such a work would do good. We have to inquire, therefore, whether Dr. NAPHEYS has succeeded in producing such an one.

That he would observe a scrupulous avoidance of everything which would offend either good morals or good taste we felt sure, and are not astonished, therefore, that even such an eminent authority as the Rev. Dr. JOHN TODD speaks of his work in these terms: "I am surprised at the extent and accuracy of your reading, the judiciousness of your positions and results, the clear, unequivocal, yet delicate and appropriate language used, and the amount of valuable information conveyed. The book cannot fail to do good, great good, if rightly heeded," while the Rev. HORACE BUSHNELL writes: "I see it to be a book immensely wanted, and think it will do much good." Higher testimony to its moral tone could not be presented.

Turning to the medical views expressed, we find the work divided into the Natural History of Manhood, the Celibate Life, and the Married Life. Under the first of these are treated the topics of puberty and virility, the former giving occasion for some admirable instructions in the hygiene of schools. The latter is a study of the passions and the powers as they exist in the adult male.

In this part the study of the effects produced on the virile power by certain food, drinks and drugs, strikes us as most novel and useful. The author adduces various reasons for believing that there is in this country a tendency to a premature loss of virility, in which view he is, we believe, supported by some of the New England statisticians.

Under the Celibate Life, besides some general questions, he enters more fully into the discussion of four topics of extended interest,—self-abuse, venereal diseases, spermatorrhœa, and prostitution. It will readily be conceived that to discuss these topics clearly, positively, and with benefit to the lay reader, requires no ordinary tact; and we must say that the author has succeeded beyond all our expectations. No one can possibly be harmed by perusing his pages, and none but will be instructed and benefited. He is neither a ruthless alarmist, nor yet blind to the extensive and growing evils arising from these sources. The chapter on prostitution is based on recent and original information, and deals almost exclusively with that vice as it appears in the United States.

The third part relates to the mental relations, and we would gladly see its information universally distributed. The most striking portion of it is the author's discussion of impotence, its causes and treatment. Few professional men but will find it repay their study.

The work is characterized throughout by sound scientific views, and indicates extensive and careful reading. In parts, however, it seems to us too technical for the general reader. The publishers have brought it out on handsome paper and well bound. Their method of sale, however, which we believe is exclusively by mail, we fear will limit its distribution, and this is to be regretted.

——Dr. HEBER SMITH has been appointed Superintendent of the Marine Hospital at New Orleans.

MEDICAL AND SURGICAL REPORTER.

PHILADELPHIA, FEBRUARY 4, 1871.

S. W. BUTLER, M. D., D. G. BRINTON, M. D., Editors.

☞ Medical Society and Clinical Reports, Notes and Observations, Foreign and Domestic Correspondence, News, etc., etc., of general medical interest, are respectfully solicited.

Articles of special importance, such especially as require original experimental research, analysis, or observation, will be liberally paid for.

☞ To insure publication, articles must be *practical*, *brief* as possible to do justice to the subject, and *carefully prepared*, so as to require little revision.

We particularly value the practical experience of country practitioners, many of whom possess a fund of information that rightfully belongs to the profession.

The Proprietor and Editors disclaim all responsibility for statements made over the names of correspondents.

TO OLD SUBSCRIBERS

Who forward their subscription to Jan. 1st, 1872, *strictly in advance*, we will send one number of the HALF-YEARLY COMPENDIUM OF MEDICAL SCIENCE, or a full-length steel engraved portrait of Professor S. D. GROSS (in 4to. for framing).

Those who have already paid for 1871 *will please notify us of their wishes.* (In connection with this offer notice **No. 2**, on the second page of cover.)

GREETING!

The subscriptions of a large proportion of our subscribers are due from the first of January. If they are all *promptly paid* it will be *greatly* to the advantage of all interested in sustaining a good medical journal, as it will give us the means for continued improvement.

See the notice to subscribers on second page of cover.

THE REGISTRATION OF DISEASE.

A matter is exciting the earnest attention of the medical profession in Great Britain, which we should gladly see have some chance of consideration in this country. It is the registration of disease. This will have, if perfected and the results properly consolidated, a most beneficent effect on the general sanitary condition of the country. It will carry out in detail, and with exactitude, that plan which, in a vague manner, we have adopted in county and State reports.

We all know that there are very many diseases, and very prevalent ones, which rarely appear upon the mortuary returns. They are in one sense of benign character, not resulting in death, but often in a long illness. Such for example are rheumatism, intermittent fever, measles, etc. They afflict the public more by removing its active members for longer or shorter periods from useful activity, than by wholly robbing it of their services.

The study of these diseases in the aggregate, when that study can be prosecuted under favorable auspices and from exact data, we may confidently expect will result in such generalizations as may lead us to the knowledge of effective preventive measures.

If we enter the wards of any of our public hospitals, we are sure to find many beds occupied by just this class of patients, thus entailing a heavy expense upon the foundation, which probably could, with more benefit to society at large, be applied to more severe diseases. But also in that class of diseases which do in a large percentage of cases have fatal results, it is perhaps even more desirable that we should know how many are sick, and not only how many succumb. The extension of epidemics, the localities and distribution of audiences, could by such a system of registration be definitely ascertained.

The question is, how to accomplish this? Our English neighbors seem inclined to throw the burden of it upon the medical officers under the Poor-Law. These are an overtaxed body, already inadequately paid and overworked, and we do not look for much information from them, worthy men though most of them are.

With us, we must look to State and county societies, and to individual members of the profession for such information. There is a growing tendency to recording professional experience, and it should be fostered and encouraged. That which comes as the spontaneous fruit of a love of science, is far better than any obligatory system, which is usually carelessly regarded. How interesting would it be to have in synoptical form a record of every case which a physician of a score of years' experience has seen! And how valuable to have the condensed view of a few hundred such records!

——Dr. JOHN A. DEMPSEY, of Pleasant Valley, Bergen county, N. J., was taken ill at the residence of a friend in New York, on the night of the 31st ult., and died before a physician could arrive.

Notes and Comments.

Sudden Death in Phthisis.

The suddenness of death in consumption often puzzles the physician. We see in an English exchange that M. PERROUD terminates a paper which he read at the Lyons Medical Society on this topic with the following conclusions: 1. Although sudden death in the subjects of phthisis has been noted, it has been but little studied, and is in need of further investigation. 2. It may present several varieties; and thus it may be really sudden or only very rapid. 3. Rapid death may have for its cause a mechanical obstacle to the passage of air into the bronchial passages, as in œdema of the glottis, extravasation of blood into the bronchi, the fall of masses of tubercle into the bronchial ramifications, etc. 4. It may also be induced by a mechanical obstacle to the circulation of the blood, as in pulmonary embolism, cerebral embolism, or thrombosis of the cerebral vessels. 5. These two varieties are usually accompanied with their special symptoms, these especially consisting of some of the forms of dyspnœa. 6. Sudden death is the immediate result of nervous action. Whether this be reflexed arrest of the heart's action through the intermedium of the pneumogastric, or a nervous exhaustion of that portion of the bulb termed the vital point (*nœud vital*) by the intermedium of the same nerve. 7. The initial excitation of these nervous acts may have its point of departure in the heart and pulmonary artery, in the larynx and bronchial tree, in the pulmonary parenchyma, or even in the visceral pleura, as some sudden deaths which take place in hydrothorax seem to indicate.

Dr. Ricord.

In the terrible sortie of November the 30th, the most distinguished services to the wounded were rendered by Dr. RICORD. Having established his headquarters in a ruined hut, he awaited the arrival of the *brancards* with their unhappy freight. As each poor sufferer was brought in, he gently but rapidly relieved him of his clothes, dressed his wound, or applied the splint to his shattered limb, as the case might be, placed him on his shelf, and had him conveyed by ambulance wagon to the steamers which were moored on the Marne, by Joinville. As soon as the boat had taken in as many as it could hold, it steamed swiftly down stream to the bridge near the Bastille, whence the *brancards* bore the patients to the hospitals or to the private houses which had been prepared for their reception. For hours and hours Dr. Ricord continued thus to exert himself: according to one eye-witness, he "created amazement by his ubiquity." The doctor's seventieth birthday was on the 10th of December; and in the energy he displayed he adds another to the list of able and vigorous septuagenarians.

Consanguineous Unions.

According to Professor MANTEGAZZA, the probability of defect in the offspring augments with the degree or closeness of *maternal* relationship, so that the danger of marriage between cousins decreases in the following order: marriage between the children of two sisters; marriage between the children of a brother and sister; marriage between the children of two brothers. Two reasons, he considers, explain this law: the first is that, whether for good or evil, we all inherit more from the mother than from the father; and the second—which let us hope, is an Italian and not an American one—to wit, that every one is the son of his mother, but not all are the sons of their fathers.

Preserved Meat.

DR. STEIN, of Dresden, while lecturing lately on the preservation of food, opened a tin canister of meat preserved by what is known as Apert's method, and prepared by him in 1851. The meat, on examination, it is said, was found to be as fresh and of as good a flavor as when placed in the canister nineteen years previously.

Correspondence.

DOMESTIC.

Is Scarlatina Contagious?

EDS. MED. AND SURG. REPORTER:

The discussion of this subject has appeared in several numbers of your valuable journal. I wish to cite one instance in point, and which I think proves the contagiousness of scarlet fever beyond all doubt. In the year 1864 a family with three children, living in the State of Wisconsin, during the winter season, had scarlet fever in its worst form although in no instance did it prove fatal in the family. All three of the children had it. After two months, when every member of the family was convalescent, the father, with the oldest son, went on a visit to Ohio, and to a locality which was perectly free from the disease, among some friends. In two weeks after, three members of *that* family were attacked with scarlet fever, the oldest and youngest of which died from its effects, one on the ninth day, and the other on the third day of attack. The other case convalesced slowly and is now enjoying good health. This instance, in my

mind, establishes beyond all doubt, the contagiousness of scarlet fever, and forever sets at rest that point. H. M. BEER, M. D.

Valparaiso, Ind., Jan. 10, 1871.

Congenital Malformations.

EDS. MED. AND SURG. REPORTER:

A great deal has been written on this subject, and a great variety of opinions are entertained in regard to it. I have no theories to advocate here, but would simply, with your permission, relate the incidents of a case that came under my own observation, in one of the southern counties of England, twenty-five years ago.

The case is as follows: A laboring man had been accused of some petty larceny, and was arrested by the police, and put in a buggy to be taken to jail. His wife, about three months advanced in pregnancy, in a state of great distress and excitement, went to the buggy and made violent efforts to take her husband out of the hands of the police officers. In order to compel her to desist, one of the officers struck her a blow across the fingers. The act was noticed by a great many persons, and its probable results commented upon. In due time she was delivered of a boy, well formed in every respect, excepting one hand; this had neither finger nor thumb.

I was present at the time of the husband's arrest, and saw the woman's hand struck by the officer's cane. I give the above as a *fact* without attempting to account for its "why or wherefore."

JACOB T. DAVIS, M. D.

Laconia, Ind., Jan. 10, 1871.

NEWS AND MISCELLANY.

A Noble Reply.

It is related of Professor AGASSIZ, that an intimate friend once expressed his wonder that a man of such abilities as he possessed should remain contented with so moderate an income. He replied: "I have enough. I have not *time* to make money. Life is not sufficiently long to enable a man to get rich and do his duty to his fellow-men at the same time."

——Dr. SYLVANUS BROWN, of Derry, N. H., was thrown from his carriage on Oct. 24th, and has since died from his injuries.

——A leading German medical journal speaks in terms of much praise of a work on "Progressive Atrophy of Muscle," by Miss FRANCES ELIZABETH MORGAN, M. D., of the University of Zurich.

——Dr. WM. H. PHILLIPS has been appointed Examining Surgeon in the Pension Office at Kenton, Ohio.

QUERIES AND REPLIES.

Country Practitioners.

A subscriber in Tennessee, says:—"While writing on business, I will take occasion to say that I am more and more pleased with the REPORTER, and begin to consider it one of my favorite weekly papers. Coming so often, and having less matter than a monthly, I am sure to read every word, while journals published at longer intervals seem more like strangers and read with less interest. Having lived 15 years in a small country village in Michigan, which I left in 1854, I can fully appreciate your remarks in a late number upon the subject of *Country Practitioners.*

The best of my experience in febrile diseases and obstetrical practice occurred in the Peninsular State."

Dr. J. H. B., Iowa.—Bence Jones' work on Animal Chemistry costs $3, and on Diseases of the Urinary Organs, $3. They have not been republished here.

OBITUARY.

WM. B. BIBBINS, M. D.

At the regular meeting of the "Northwestern Medical and Surgical Society," held at the residence of Dr. Stephen Rogers, on the evening of January 17th, 1871, Dr. C. S. Wood, President in the chair, and Dr. J. C. Thomas, Secretary, after the conclusion of the regular order of business, the death of Dr. Wm. B. Bibbins was brought to the notice of the Society, and the following preamble and resolutions were presented by Dr. Ed. C. Harwood and adopted by the Society, and a copy of the same ordered to be furnished to the medical journals for publication:

WHEREAS, We have learned of the death of our professional brother, Dr. Wm. B. Bibbins,

Resolved, That we receive the sad tidings of his death with profound sorrow.

Resolved, That in his death our profession and the community have lost one of its most useful, beneficent and esteemed members.

MARRIED.

BELL—CALDWELL. On the 11th of January, 1871, at the residence of the bride's father, by the Rev. W. A. Sample, Dr. James K. Bell and Miss Zella A. Caldwell, all of Sebastian county, Arkansas.

PEEPLES—CUTLER. December 27th, at the Union manse, Coleraine twp., Lancaster county, Pa., by the Rev. Calvin W. Stewart, James A. Peeples, M. D., of Eastland, Lancaster county, and Miss Rebecca A. Cutler, of Cecil county, Md.

WIGHT—CENTER. In Brooklyn, N. Y., January 9th, 1871, by the Rev. Dr. Hall, Jarvis S. Wight, M. D., and Miss Mary Center, daughter of the late Hon. Joseph Center.

YOUNG - DAY. In Greenwood, Ohio, January 18th, at the residence of the bride's father, by the Rev. James Richards, D. D., of Boston, assisted by Rev. C. P. Bliss, of Wakefield, Charles L. Young, of Toledo, Ohio, and Cora M., daughter of Dr. Albert Day.

DIED.

BOYD—In Fannettsburg, Pa., January 4th, Lucinda, wife of Dr. S. W. Boyd, aged 40 years.

CASWELL—At Mount Vernon, N. Y., January 23rd, Eleanor, only daughter of Dr. Walter and Emma Caswell, in the 4th year of her age.

PARSONS—At Hartford, Conn., January 22d, Mary, wife of James C. Parsons, of Hartford, and daughter of the late Samuel McClellan, M. D., of this city.

WOOD—In Cincinnati, January 22d, 1871, Willie W. Wood, son of Dr. T. and E. J. Wood.

THE
MEDICAL AND SURGICAL REPORTER.

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Original Department.

Communications.

SCARLET FEVER AND DIPHTHERIA —THE USE OF ICE AND COLD WATER AS REMEDIES.

By Hiram Corson, M. D.,
Norristown, Pa.

There is great unanimity respecting the cause of these diseases. Some persons believe them to be the same disease. A few quotations from the county reports, and from the writings of authors and teachers, will show the general sentiment.

Dr. Yerger, of Lehigh county, (report of 1865), says: "The profession are universally of the opinion that diphtheria is of the general system and not a mere local affection of the throat. Its character is *typhoid and requires constitutional treatment.*"

Dr. Jackson, of Beaver county, (1865). "The disease, diphtheria, depends upon a morbific influence, first impressing the organic nerves, thence communicating itself to the blood, there can be no doubt thus reaching the vital organs, and by its toxical influence rapidly subduing the functions of life."

Dr. Horton, of Bradford, "believes the throat affection in scarlet fever but the local manifestation of a zymotic blood disease, and treats on general principles."

Dr. Holmes, of Bradford, (1863). "I consider it a *blood disease:* the blood being poisoned, prostrates the nervous energy; hence the treatment is depurative."

Dr. Galbraith, Perry co., (1863). "Diphtheria is a disease of the general system, and not a mere local disease of the throat. Its character is typhoid, requiring constitutional treatment." The very words used by Dr. Yerger.

Dr. Condie, of Philadelphia. "Diphtheria is the product of some peculiar morbific constitution of atmosphere."

Dr. Wittig, of Philadelphia, (1865). "The *reaction of the organism against the morbific poison* is powerful. There are in scarlet fever congestions of the brain, and even inflammation may take place. This result is owing to too large an amount of morbific matter received by the blood, or too great an irritability of the organism."

Dr. Nebinger, (1863). "It is universally conceded that the development of diphtheria depends upon a blood poison, which produces morbid phenomena, both primarily and secondarily, closely resembling those of undoubted scarlet fever. Diphtheria is a malignant phase or variety of scarlet fever."

Prof. Geo. B. Wood, in his treatise on scarlet fever, says nothing of its constitutional character, but only that "the cause of the disease is probably specific, and is generally believed to be of a contagious nature"—commendably cautious. Is not so positive as the others.

Dr. Aitkins: "A febrile disease—the product of a specific poison."

Dr. Gregory, (1826): "Though specific contagion is the generally acknowledged and most prevalent source of scarlet fever, there is yet abundant evidence that *fever attended with scarlet eruption and possessing all the other characters of this disease does occasionally arise from exposure to cold.* It may be useful to bear this in mind."

As a result of this very general belief, that the disease is due to a poison which enters the blood and works mischief there, by producing a depressed condition of system, the general treatment is stimulating and depurative. Efforts are made to support the strength

and to rid the blood of the noxious agent, either by causing it to be excreted or by introducing into the system an agent which, meeting it in the blood, will neutralize it, and render it inactive. The means used are called constitutional means. The sore throat is, by those who are always watching the constitution, considered a local affection which ought to have some attention, if it should become threatening, or if it should impede deglutition, but at all times is of secondary importance. The great stress laid upon the constitutional affection by the teachers of medicine, and the importance attached to directing the treatment to the general system, have given character to the treatment throughout the State.

The treatment is in all places the same. Indeed so completely have the opinions and practices of the teachers and writers taken possession of practitioners, and so satisfied are they that there is nothing more to be known on the subject of treatment, that it is not unusual in those who report to say, "We treated it according to Wood," or "by Morris's plan," or "We had success by following Condie," or "We used Stille's mode," or "We used the common means," or "it was mild, and by appropriate treatment few died," or "it was grave, and many died despite the free use of stimulants." What then are the general features of these numerous but very similar modes of treatment so well understood? To sum them up briefly: they are an early resort to stimulants and food to keep the system from being weakened by that noxious principle which has gotten into the blood, and is most mysteriously, "by its toxical influence rapidly subduing the functions of life;" and by giving chlorate potassa, or muriated tincture iron, so that the chlorine when it shall get into the stomach, may leave the potassa and iron to do their work, while it pursues the poison from cell to cell, and from capillary to capillary, till it has seized and vanquished it, or driven it from the system by way of the kidneys, or liver, or skin, and left the constitution unharmed. Nor are they wholly inattentive to the sore throat while this contest between the constitution and stimulants and medicine on one side, and the poison on the other is going on. Nitrate of silver, solutions of alum or zinc, or per-sulph. iron, or infusion cayenne pepper, or flax seed, are put into the throat as gargles, or by swabs or brushes daily or hourly; while outside, on the sides of the neck, are hot and stimulating liniments, hot poultices, hot water, turpentine, fat pork, one or all as the case may be—this too in a warm room, with warm teas, in many cases absolutely urged upon the patient, in addition to the regularly prescribed brandy and water, or whisky and water, or wine and water, to be taken every few hours.

The above is the almost universal treatment, as may be seen by the county reports. In addition to those given in my former paper, I refer the reader to the history of scarlet fever in the various works on the practice of medicine. I also refer to an article from Philadelphia county, by Dr. WITTIG, in Transactions of 1865, pages 121 to 127, pronounced by the reporter, Dr. JAS. M. COOKE, "highly interesting." In that communication, entirely too long to quote, I find the following remedies recommended in the various stages of the disease. I take them in the order in which they appear: Bi-tartrate potassa, sulphite soda, nitre with liq. ammoniæ acetat., saffron, sweet marjoram, succinate ammonia and compound powder of ipecac; externally to surface, sal. chlorinated soda, vinegar and warm water, the patient to keep his bed in a warm room and use only warm drinks; inunctions of the body with fat bacon four times a day; warm, mucilaginous drinks of elder blossoms, marshmallows and poppy capsules, boiled in milk; warm poultices of milk and bread, and internally an oleaginous emulsion with bitter almond water; ex. hyoscyamus with nitrate of soda, nitrate potassa; sinapisms, vesicatories, even issues and leeches; sal. chlo. lime or chlo. soda thrown into the nostrils; warm mucilaginous injections into the ear; liq. ammonia or succinate ammonia in infus. serpentaria or arnica; compound powder of ipecac; gargles of alum water, chlorine water, vinegar and water. When inflamation arises—leeches, cups, calomel, sulphate potassa, nit. potassa, digitalis, jalap, acetate potassa or ammonia; afterwards tonics, sweet spts. nitre, beef tea and meat; externally, flannels steeped in infus. mustard, oil of turpentine, camphor or lye; and internally, decoctions of Peruvian bark with infusions of serpentaria or arnica, succinate ammonia and camphor; phosphoric, hydrochloric, sulphuric acids; tartarized antimony, sulphur, golden sulphur of antimony, infusions of senna and senega with nitre, cream of tartar and oil of juniper,

moxa, warm baths, etc. These are all recommended, and some of them over and over again in almost every stage of the affection. Stimulants are not *strongly* urged here, nor is nitrate of silver, so much in use, even spoken of, though its fame is so great, and that excellent practitioner, Dr. NEBINGER, thinks it so indispensable as an application to the inflamed tonsils. So we will add *that* to the list, and also the whisky, which makes up the list of about fifty remedies for a single case of scarlet fever.

I have read with much care the very able writings on scarlet fever by Drs. CONDIE, WOOD, MORRIS, MEIGS & PEPPER, FLINT, GAILLARD THOMAS, TANNER, etc., etc., and with slight exceptions, to be hereafter noticed, their treatment does not differ materially (save that their resources are more limited), from that so ably set forth by Dr. Wittig. I have thought it proper to sketch the usual treatment here, that I may lay a more easy, simple and efficient treatment, which I have used for twenty-six years, along side of it and let your readers judge of their merits. Mine has been called heroic treatment, but compared with the above it sinks into the mildest nursing.

Before giving my mode of treatment, let us glance a moment at the disease. There is at first sore throat, followed by quick pulse and fever. Prof. Wood says: "In scarlet anginosa the *affection of fauces is prominent;* stiffness of jaws, soreness of throat, and pain in swallowing are often experienced in the commencement; the inflammation of the fauces advances with the progress of the disease, and patches of a concrete exudation are generally seen on the surface of the tonsils at an early period; occasionally *they extend into the larynx*, producing symptoms of membranous croup. There is almost always swelling of of the external parts in the region of the parotid and sub-maxillary glands; and sometimes the tumefaction is very great, is hard and painful, and prevents the patient from opening his mouth so as to permit an inspection of the fauces. Deglutition is difficult and painful, and liquids occasionally return through the nose. Sometimes the internal parts *are so swelled* as to interfere with respiration. A viscid mucus is secreted in the fauces, which he cannot swallow and finds it difficult to discharge from the mouth; the nasal passages are affected —are closed by the consequent swelling and the crusts which form on their surface—and the patient is compelled to breathe through the mouth. At a more advanced stage an acrid, offensive liquid is discharged from the nostrils and excoriates the orifices; a similar secretion from the fauces is swallowed, and probably conduces to the production of the irritation of stomach and to the diarrhœa, occasional features of the disease near its close."

So, all the difficulty thus far, according to the above, comes from the affection of the throat not being arrested. Dr. Condie says: "One of the most remarkable accompaniments of the disease is an inflammatory intumescence of the sub-maxillary glands, which in general presents itself the day subsequent to that upon which the swelling occurs in the pharynx. The inflammation is at first confined to the glands, but in many cases soon extends to the cellular tissue, producing enormous tumefactions reaching around the front of the throat from ear to ear. Often the inflammation of the throat runs quickly into a gangrenous condition." Here, again, all the difficulties come from the spread of the inflammation of the tonsils. Dr. Nebinger (Transactions of 1863, page 291,) writes: "Diphtheria is a malignant phase, or variety of scarlet fever. Diphtheritic croup is unusually fatal. The deposit in the larynx is *never primary*. It does not take place, as a general thing, for several days after the deposit is manifested on the tonsils and fauces. Those patients die more frequently than otherwise from the membrane extending to and blocking up the rima-glottidis; patients indeed in whom the constitutional symptoms have not been grave, have died after a few days illness in consequence of this extension." This, too, all from the sore throat—constitutional symptoms not grave, but death comes from suffocation because the inflammation of the throat was not checked.

DR. MORRIS, page 72, says: "Diarrhœa depends upon the irritation produced by the acid matter swallowed from the throat, and is most likely to occur after severe anginose cases." Here, Dr. Morris traces the disease of bowels, not to a poison in the blood, but to the acid matter swallowed from the throat. As the inflammation of the throat can always be held in check by ice, this diarrhœa should not occur.

Drs. MEIGS & PEPPER, in their valuable work on Diseases of Children, page 666, say Inflammation of the mucous membrane of the

fauces constitutes an essential element of the disease; for we have never yet seen a case in which it was not present to a greater or less extent. I would be glad to quote their most truthful description of the condition of the throat in various stages of this disease, confirming everything already quoted as showing it a source of so great suffering to the patient, but must content myself with the following: "The throat affection is rarely severe enough to constitute a serious danger in mild cases, while in many of the malignant ones it is a *frequent cause of a fatal termination.*"

I might go on for hours, quoting from able authors, and multiply testimony to show that the diseased condition which we must combat and subdue, if we wish to save our patient, is in the fauces and tonsils. It must be held at bay, arrested, or else the fearful consequences depicted above, will, in grave cases, ensue. And here the question naturally arises: If the inflammation of the tonsils and fauces could by any means be arrested—prevented from extension to the nose, Eustachian tube, submaxillary and parotid glands—or could even be so lessened as not to give rise to the patches of membrane and secretion of viscid mucus and offensive liquids spoken of above, would the constitutional symptoms, namely, the heat of skin, rapid pulse, thirst, brain affection, nervous excitement, etc., etc., be abated in the same degree? I answer, unhesitatingly, yes. I know this will be sneered at by those who, in the early stage, disregard the sore throat, while they hurry to give "a physic," in order to clear for action on the morrow. And to-morrow, what? One or more of the fifty remedies spoken of by Dr. Wittig to improve the general condition, to counteract the blood poison, while the only complaint made by the child is, that its throat is sore.

Dr. Thos. Hilliard, on page 304 of his "Practice" says: "The sore throat is as constant a system as the rash," and at 302: "Occasionally the patient complains *of sore throat a day or two before any other symptom arises*, the rash being sometimes postponed until the 3d, 4th, 7th or 8th day, Dr. Da Costa, [Medical Diagnosis, page 638]: "The sore throat is almost as constant as the rash, sometimes precedes it; there is *pain* in the throat, increased by pressure and by swallowing, and the patient complains of soreness of the muscles of the neck." My own opinion, derived from an extensive observation of this disease for more than forty years is, that the sore throat is never absent in a single case—that it is the first symptom, continues throughout the whole course of the disease, and is often the only one left in a suffering condition. There is scarcely one child in a hundred whose first complaint is not: "Mother, my throat hurts me,"—and when the doctor comes, the mother says: "He complained of his throat a day or two ago, but I thought it was nothing, but now, he says, it is very sore, and this morning he has a little rash on him; I am afraid it is scarlet fever." It is this complaint of the throat that gives the doctor the clue to the ailment. And yet how few physicians look to the arrest of this commencing inflammation as of any consequence in preventing what they call constitutional symptoms. If some of them do regard this local trouble as having an injurious effect on the general system, the means which they use to subdue it, are as far as I have seen inefficient in preventing it, in what they console themselves by calling grave cases. Grave cases they prove to them in a double sense. There are exceptions. There are physicians who regard the local disease as a point from which danger issues in every direction, and they make strenuous efforts to arrest its spread.

Dr. Nebinger says: "It is certainly of vast importance that steps should be taken which will virtually say to the disease, 'thus far shalt thou go and no farther.' If this be accomplished, there are two important points in the treatment of diphtheria attained: first, the prevention of death from asphyxia or croup, and next the lengthening out of the period, in which the constitutional phenomena may be combatted by treatment." And this, he says, "can be done in every instance by the proper use of solid nitrate of silver; this is no mere surmise, no guess; but a practical truth learned by experience, in a fearless, yet prudent and cautious use of the only true potent remedial agent. What we want as guides to practice, are not imaginary or hypothetical facts, but facts positive and absolute truths, the revelations of experience attested over and over again by the same unerring guide—experience." It was, because I had tested over and over again "the inefficiency of every known mode of practice sanctioned by experience" (often a blind guide) in grave cases of scarlet fever, that I was induced to

make use of the external application of ice to the throat as a means of preventing the extension of the inflammation and of modifying the constitutional symptoms. Having, on several occasions, published brief notices of my mode of using ice to the throat, cool or cold sponging to the body, and affusion of cold water to the head in scarlet fever, in the "Transactions of the Medical Society of Pennsylvania," I might simply refer the reader to them, but as the Transactions have but a limited circulation, I hope to be excused for repeating some of the views and facts there published. Before doing so, however, I will allude to some of the teachings and writings on the use of cold water during the present century.

Dr. CURRIE, of Liverpool, was, perhaps, the first to use cold affusion, about a century ago. He praised it greatly, and had great success. In Dr. GREGORY'S Practice, Am. Ed., page 231, published in 1826, we find: "A consideration of the best means of diminishing the high excitement which prevails in the early stage of scarlet fever, affords us a second general principle of treatment. At one time bleeding was believed necessary; but experience has proved that in cold affusion we possess a means of controlling this state of disease safer and equally effectual. The great heat of skin renders the cold affusion grateful to the patient. The remedy can be applied with facility to children, in whom the disease mostly occurs. An ulcerated state of the throat forms no objection to its use. On the contrary, the cold affusion frequently checks the symptoms in the most remarkable manner. It cools the skin, abates thirst, diminishes the frequency of the pulse, the headache and the languor, and disposes to sleep. Such was the testimony given to us forty-four years ago, and yet how little attention has been paid to it. Why? Because Prof. CHAPMAN, while telling us what had been said by Currie and Gregory in favor of the remedy, ended by narrating the case of Doctor Gregory's child, who died while the water was being applied to him. This was not likely to produce confidence in the minds of the pupils in respect to the use of cold water as a remedial measure in the disease. The fears of Prof. Chapman expressed to his class, then almost the only class of medical students in America, were stamped on the minds of the coming doctors, and from that day to this have, in most instances, deterred them from the use of cold affusions in affections of the skin.

Dr. Hilliard, in his practice only two years ago, says but little in favor: "The skin if hot should be sponged with tepid water, and the patient may drink toast or barley water, or suck ice, if grateful. The throat should be freely steamed. In malignant cases, preceded by heat of skin and fever, Currie's remedy, since his time occasionally praised, appears to be of use—I refer to cold affusion. *The disease is so desperate, and the remedy strikes friends as so rash*, that practitioners are notoriously rather timid in resorting to it, especially seeing that a large proportion of the cases subjected to it will die on any plan of treatment."

Dr. Casper Morris, of Philadelphia, in his valuable work (save the treatment), believes in tepid or warm sponging; but he quotes Chapman, as saying, that it is particularly adapted to cases involving deeply the nervous system, and that he has derived more benefit from it in those cases than from any other remedy; and Dr. Morris himself adds, "There is one set of cases in which it is beyond doubt peculiarly appropriate. Those in which there is violent delirium, with great heat of skin, very rapid pulse, and extreme restlessness, and not unfrequently convulsions, or, at the least, violent muscular twitching; bleeding, whether general or local, is in such cases often followed by fatal results. But a cold douche to the head, maintaining the impression by cloths wrung out of iced water, while the whole surface is freely sponged with that fluid at the temperature of the chamber or a little below it, will do more to procure tranquility, and reduce the nervous excitement, than any other plan that can be adopted."

Though Dr. M. has thus quoted Chapman, and seemed also to approve of the remedy, he is not in favor of cold affusion, for he says: "Currrie, of Liverpool, a physician of great eminence of the latter part of the last century, has advocated in very strong terms the use of *cold* affusions in this disease, and he has been followed in this recommendation by other writers. *The preponderance of testimony is, however, against it.*" Dr. M. also says: "Dr. JOHN FORSYTH MEIGS mentions with approbation the employment of affusions of water at 96°, containing a small quantity of vinegar. I have long resorted to baths from 96° to 100°, to which whisky has been added,

as a means of tranquillizing young children and inducing sleep." I feel very curious to know what the small quantity of vinegar or whisky is to do, that the water alone could not effect. It is a pity to waste the whisky, as it might be needed later in the case to "build up." I cannot leave this author without speaking approvingly of his three pages in reference to the use of affusion of water. There are valuable thoughts and suggestions to be found in them, but I regret that he prefers tepid sponging, and leaves the reader impressed with the danger of using cold water. 2d edition, 1858.

Earlier, in 1853, Dr. Condie in his "Diseases of Children" says: "In tepid and cold affusion, or sponging, we have a remedy which, in most cases of inflammatory scarlatina, is equally efficacious with blood-letting, and one much more generally applicable. It is in many instances almost the only febrifuge, diaphoretic and anodyne that will not disappoint the expectation of the practitioner. In proper cases it will be found very speedily to diminish the frequency of the pulse, to abate the thirst, render the tongue moist, the skin soft and cool and the eyes bright, and to be speedily followed by a calm, refreshing sleep. It has been even said, that, early applied, *it has cut short the disease*. It may be employed in all cases, during the early period of the stage of excitement, when the heat of the entire surface is above the natural standard, and at the same time dry. It should be freely used at short intervals day and night, until the heat is permanently subdued." He has further remarks, in which he prefers cold affusion when used early, *but if the friends are afraid or prejudiced*, advises sponging with cold water or cold water and vinegar,—what is the vinegar to do?—and is so guarded about the cold affusion, that the doctor who looks there for guidance will certainly not venture on its use.

Dr. Flint, in his "Principles of Practice," (1868) observes: "Insomnia, restlessness and delirium in scarlet fever, are measurably dependent on the febrile movement, and in general, the delirium is a criterion of the severity and danger of the disease. To diminish the heat, and the frequency of the heart's action is an important object of treatment. The object may be most effectually accomplished by the use of water. The mode of cold affusion employed by Currie, is strongly advocated by TROUSSEAU, who says, he has employed it with happy results in a large number of cases. It is, doubtless, the most efficient measure to relieve the active delirium. *The apparent boldness of the practice makes it objectionable on the score of popular prejudice;* frequent spongings of the body, doubtless, secures to a considerable extent the same results—and the wet sheet is probably in most cases as efficacious as the cold affusions of Currie—the water being used at 70°." So he leaves us, holding up popular prejudice and throwing in doubts of the procedure, quoting favorable expressions of others, but giving no evidence that he has tried the means recommended, and thus producing in the mind of the reader the conviction that though, "it is the most efficient measure to relieve the delirium," it would perhaps be best to follow the old plan, for if they should die under that, we will not be blamed. And this, too, in 1868. Currie's testimony of a hundred years ago, has proved of but little value thus far.

BURNS in his "Diseases of Women and Children, edited by Professor THOMAS CHALKLY JAMES, 1823, says: "Another remedy of great importance is, affusion with cold water. From careful observation and repeated trials, I can with confidence recommend this remedy. It is of consequence to use this early, and whenever the patient feels steadily hot, and the skin feels warm to the hand of another person, it is time to put him into an empty tub, *and dash over him a large pailful of cold water*. By this I have known *the disease arrested at once*, the eruption never becoming vivid, and the strength and appetite in a few hours returning—even where it is not arrested it is pleasant to note the change it produces. The patient, from being dull, languid and listless, feels brisk, and disposed to talk and laugh. The repetition must depend upon the degree of heat. If affusion be not employed, the sufferer should be frequently cooled with a sponge dipped in cold water. These two remedies not only mitigate the disease, but lessen the risk of dropsical swelling taking place afterward. In scarlatina maligna, the early use of cold water is highly useful." What cheering testimony! Every sentence a fact, confirmed by my experience; and this published in 1823, five years before CHAPMAN discouraged us by holding up the case of Dr. Gregory's child,

and 45 years before Flint's great work on Practice, discouraging its use. Professor Wm. P. Dewees, in his Treatise on Children, in 1833, writes: "When in scarlatina there is high arterial action and great heat of surface, cold ablution or sponging gives great relief to the symptoms, and is a most comfortable process. We prefer sponging however to ablutions. Some are afraid of these cold applications, because the throat is sore, but this forms no exception. We would however, make an exception to the employment of cold water, etc., when they produce chilliness; in this case tepid water may be substituted." This was ten years after Burns, and was well calculated to prevent a practitioner from using it. The most thorough treatise on the use and effects of cold affusion, and other modes of applying cold water in scarlatina, fever, and a host of other diseases, may be found in Professor Stillés Therapeutics and Materia Medica, 2 vol. pp. 166 to 215. Every author who has ever written in praise of the remedy is there quoted—and though every page teems with praise of it, from some one or other of the many who have used it, yet we find that but few physicians of this age and country know its use.

The careful reader will see by the above quotations that but few of those authors have sanctioned the use of the means spoken of; they have merely given us what others have said, and in concluding have spoken as if fearful of the remedy. The recent works of Flint, Gaillard Thomas, and Aitkin are in the hands of the students as text-books, and I have shown that they have no recommendation of the cold water treatment. Indeed they scarcely differ from Dr. Wittig in treatment. And now, when we come to the popular work, just from the press, by Drs. Meigs & Pepper, a work which will give positive direction to the treatment all over the country, we find that though in their sixty pages there is a synopsis of what has been written in relation to the use of cold water in scarlet fever, yet despite the praise of it by others, despite the encouraging facts as seen by themselves, despite the case in which Prof. C. D. Meigs was called, and by its rapid and persistent use rescued their own patient from impending death (page 717), they are content to say: "When the glands are greatly swelled, or the external swelling is considerable, benefit is sometimes derived from the steady application of poultices to the part; and the best of the local remedies, in our opinion, are nit. silver 25 grs. to ℥j. of water, tinct. of chlo. iron, with from two to seven parts of water; or sol. sulphate of iron, 20 to 40 grs. to ℥j." And these solutions are to be rubbed around in the the almost closed throat, by a mop, three or four times a day; or capsicum tea, or lime water, or salt and water may be used. Not one word about Jackson's remedy, the cold water and ice, or ice cream, a remedy that he characterized as almost divine. If they will hereafter use the ice externally and internally, no swabbing need be done.

What is meant by a mild case, and what by a grave case? Can any one tell whether a mild case may not become a grave one? No. What makes a grave case? The cerebral affection, if severe in the early stage, will be looked upon as a grave symptom, and yet by proper means it may be divested of its grave features, and the case pass on as a very mild one. Another in which the throat is early strongly affected will be considered a grave case, and yet the early and steady application of ice will render it mild. So one with the brain and throat very lightly affected at first, treated by warm drinks, irritating gargles, stimulants, may be goaded on till the throat and brain are greatly affected and life destroyed, and then this mild case will be spoken of as a grave one.

I wish every reader of this to bear in mind the above testimonies; one and all of them point to the fatal tendencies of the throat affection in grave cases. It is that which in most cases makes them grave. And if they have no remedy to prevent this throat from getting into this fearful condition, nor to cure it when it has reached it, (and they do not seem to have them), it is time that they tried something else. While I am vigilant over the mildest case of sore throat, because I know from long experience, that the mild on my first visit, if neglected, I may find next day violently inflamed if I do not keep it cool.

Physicians who have graduated within twenty years, cannot realize the degree of courage or firmness needed by him who, forty years ago, dared to give a cup of cold water to the sick patient piteously begging for it, in those diseases in which experience, then omnipotent, forbade its use. In surprise you ask, "Why, what did you give them as drink?"

Hot teas; in measles, scarlet fever and other diseases of skin, saffron tea "to bring them out," or if obstinate and slow about coming, a touch of "sheep-tea" added to it. For fits, soot, or garlic, or assafetida tea; for fevers, balm tea; for the general run of affections, balm, or orange, or sage, or mint tea, or the highly prized toast water; for puerperal women, not a drop of water, but immediately after delivery a good bowl of whisky and sugar and hot water, or gin and sugar with hot water. In many places, both in cities and in the country, the practice prevails still.

It was during this reign of terror, in 1828, that I began the practice of my profession by directing cold water to be used as a drink by every patient who desired it. I had entered into partnership with an eminent, aged practitioner, at his request. In three months, he dismissed me, because of my utter rejection of all the teas considered so valuable. Friends were afraid to employ me through fear of the cold water. Families, who called me often, refused to follow my directions. Neighboring doctors made their teas hotter and stronger than before, and when the fates thus seemed to be against me, the measles, in which "the use of water was death," put in an appearance. How I stemmed the current that was setting against me, you will be informed in the preface to an article—Measles and its Treatment—which I hope to write very soon. At this time, ice houses were unknown here, and only well or spring water was used. In 1833, a severe epidemic of scarlet fever occurred, and as it was winter time, I used ice-water freely, despite the fears of the patients, as a drink, and to cool the throat, and thought the practice peculiar to myself; but I afterwards saw in the May and August numbers of the *Am. Journal Med. Sciences* for 1833, the valuable papers of Dr. SAMUEL JACKSON, of Northumberland, who had used ice *internally* to allay the inflammation of the throat in scarlet fever. To him that improved practice is due.

But, methinks I hear you say: "Do you regard the throat affection as the disease, and are you about to treat *that* without reference to the fever, the heat of skin, the eruption, nausea and all other symptoms?" A watchful physician will care for every suffering organ; but the disease of the throat attracts my attention strongly. It is the first complaint of the child; it hurts him to swallow; his face is flushed by the pain of it; his tongue is getting sore; the papilla are congested and will soon be inflamed; the tonsils are red, they ache and pain; the glands of the neck are becoming swelled and hard; the nose feels full and hot; the inflammation is rapidly spreading over the membrane in the nose, up also into the Eustachian tube. There is a point of intense irritation in the tonsils. It is a focus towards which the blood rushes impetuously, and as it increases the fulness and congestion of the parts, the nervous system is disturbed, and now we have furred tongue, nausea, vomiting it may be, headache, thirst, heat of skin, the combined phenomena constituting fever—constitutional symptoms some would call them. Shall I trouble myself now, that fever has arisen, about some morbific influence—some noxious matter, which authors say has gotten into the blood and produces all this difficulty, and shall I go hunting after it and leave my poor patient to suffer? No, as well might I leave the man who suffers from a rheumatic knee, or a gouty toe, or a rheumatic or gouty heart, to take chance and suffer on without an attempt to relieve his pain or subdue the inflammation of the suffering organ.

Let us lay the cases along side of each other. A man feels a slight pain in his knee. A few hours more and it is stiff and swelled. He suffers greatly from pain through the night, and the morning finds him with a knee greatly swelled, red, tender to the touch, and extremely painful; and now comes fever, that is heat of the skin, thirst, frequent pulse, throbbing of the carotids, headache, inability to sleep, etc., etc., constitutional symptoms surely. Another case: A man has a thorn driven into his hand; in a few hours there is not only pain, but the wound or point of irritation becomes a focus towards which, by a law of the system, the blood tends, and soon all the little blood vessels and the capillaries become engorged with blood, extending wider and wider, until the hand is greatly swelled and red and hot and painful, and the system sympathises (to use the common expression) with it. The tongue becomes furred, the stomach nauseated, the appetite is gone, the skin is hot, there is thirst and sleeplessness and headache, and the heart has increased action. Take hold of the man's wrist and feel how the arteries beat and pound under your fingers. The doctor is sent for, and the nurse says: "We are afraid he will get lock-

jaw unless you can relieve his suffering hand." Her eye is on his hand. She sees all the other symptoms to be dependent on, or caused by the hand. Ah! there is indeed danger of lock-jaw or death. This small point of irritation has thrown the whole system into commotion, the nerves have become affected, the heart feels their unnatural thrill and bounds with unwonted turbulence, while the muscles jerk and quiver under the intense excitement. Relieve his hand by extracting the thorn, by pouring a stream of cold water upon it, or, if need be, by amputating the hand, and lo! as if by magic the heart ceases its unwonted action, the nerves fall into their usual quiet condition, the thirst abates, the tongue becomes clean, the appetite returns, the patient falls into refreshing sleep, and in a few days he is a relieved and convalescent man.

Two men come to me to have their aching teeth extracted. I say to them I do not pull teeth; but if they ache, I can cure them for you! They do ache violently. One agrees to have it cured and is given half a grain sulph. morphine. The other will not take anything. In the morning they return: the one who took the morphine is well, and on looking at his mouth everything is found in a natural condition. The other man complains greatly, and on looking into *his* mouth I find, that, although the evening before he had neither swelling, nor soreness of the gum, it is now red, inflamed, and so swelled that it almost covers the top of the tooth, and he cannot even bear to have it touched. And now, let me explain this matter. The man who took the morphine had had the pain only a few hours. It was only a neuralgia—an affection of the nerve in the bony case of the tooth, and had not yet so disturbed or affected the brain as to have an increased quantity of blood sent to it, and as the morphine placed the brain in such a condition that *it could not recognize the irritation*, of course the point of irritation existed no longer and no blood was invited to it, and no inflammation took place. In the other case the pain was allowed to go on until it disturbed the brain, until it became a focus to which the blood, in obedience to a law of the system, rushed and crowded until all the little vessels and capillaries of the gum were filled, and a real inflammation was developed with its accompanying febrile action.

Two men exposed to a cold damp wind, are suddenly struck with pain in the side. In a few hours they cannot take a single breath without suffering from a painful stitch. The one takes one-half grain, or a grain of sulph. morphine, which prevents the brain from recognizing any pain in the side, and in the morning he wakes up a well man. The other goes to bed with a poultice on his side, and after suffering all night, wakes up with an inflammation of the pleura, and will barely escape with life after many days of suffering.

In those cases there was no noxious morbific poison sent into the blood from the thorn, none suspected as the cause of the toothache or the pleurisy, none in the gouty or rheumatic case. Now let us shut our eyes against the morbific poison, the coming rash, the dreaded name of scarlet fever, and listen to the complaints of the child. It has sore throat; it was somewhat sore yesterday, the mother says, but is much worse to-day. We find the tonsils swelled, the arch of palate, the uvula, the pharynx redder than usual, fuller too; under the angles of the jaw are small lumps, tender to the touch. We are now just where we were on our first visit to the gouty toe, the rheumatic knee, the thorned hand, the aching tooth. The brain is just beginning to recognize the fact that a disturbing force is at work. And now shall we let it go on without attempting to arrest it. Oh, yes, this throat affection, say the defenders of the constitution, has gotten up a little domestic disturbance of its own, but we will soon put that down by revising and amending the constitution. To effect which we will give one of the fifty remedies of Dr. Wittig, who understands the constitution thoroughly, and that we may not be charged with having utterly overlooked or ignored that small but somewhat important member of the republic, which acknowledges with the other members a common constitution, we will apply a piece of fat bacon around the throat; "if it should do no good it can do no harm."

A day passes, we look into the mouth again and what do we see now? The uvula, pharynx, tonsils, arches of palate a sheet of flame, red as fire, swelled greatly, patches of exudation here and there on the inflamed surface; the tongue is red, the papilla is enlarged, the inflammation has spread over the membrane in the back part of the nose, has traveled up the Eustachian tubes, the angles of the jaw are filled with large swellings, the child suffers great pain in the throat and swelled glands

Change the remedy; give alternately two or three of the fifty remedies—put turpentine outside, swab the inside with sol. nit. silver; give stimulants to cool the throat, to allay the thirst, to make the heart beat slower. Another morning; and now listen to Prof. Wood: "The tumefaction of the neck is very great, is hard and painful and prevents the patient from opening his mouth so as to permit an inspection of the fauces; deglutition is difficult and painful, and liquids occasionally return through the nose; the internal parts are so swelled as to interfere with respiration; a viscid mucus is secreted in the fauces which he cannot swallow, and finds it difficult to discharge from the mouth; the nasal passages are closed by the consequent swelling; an acrid, offensive liquid is discharged from the nostrils and excoriates the orifices; a similar secretion from the fauces is swallowed and probably conduces to the irritation of the stomach and diarrhœa, sometimes features of the disease near its close." Hold, venerable Professor! Do you mean to say that from this small beginning in the throat, from that small point of irritation first felt in the tonsils, the inflammation has been developed and has spread to the fauces, and almost blocked up the passages by which the air gets to the lungs; to the nose and filled it with an acrid, offensive liquid; to the glands of the neck, making them large, hard and painful, and preventing the mouth from being opened; that it caused a viscid mucus to be formed in the fauces and throat, which ran down to the stomach and bowels, causing vomiting and bowel complaint?

Yes, do you mean to say that all this would have been averted if we had held in abeyance the inflammation of the tonsils? In the absence of the eminent professor, whom I venerate for his great talents and his unwearied labors for the advancement of the profession, I answer, yes. Take away the thorn that rankles in the hand, the knee, the toe, the tonsils, or the tooth; be it thorn or morbific poison; or, if you cannot do that, allay the inflammation, quiet the pain, and the system, before disturbed in all its functions, will again resume its harmonious actions.

By these illustrations, given to show the effect of a local suffering on the general system, I do not intend to convey the impression that scarlet fever is merely a local disease, but only to express my belief that even in a disease involving the whole system, as measles, scarlet fever, small pox, or even rheumatism, that every local inflammation aggravates the general condition just in proportion to its intensity—and that when such local injury manifests itself in organs whose functions are necessary to life, no time should be lost in relieving them. In scarlatina, generally the throat and skin, or the brain; in measles, the skin and bronchial membrane.

(*To be continued.*)

Editorial Department.

Periscope.

On the Conditions of Disease Demanding Abstraction of Blood.

[At the request of many subscribers we reproduce in full Dr. Richardson's lecture, to which reference was made by Prof. Fordyce Barker, in our issue of January 2d, 1871, from the *Medical Times and Gazette*].

Gentlemen:—Medicine is never so satisfactory in matter of practice as when it combines theory with practice, and when, in respect to results, both are in accord. When theory explains what ought to follow upon certain methods of treatment, and when practice confirms the treatment as of sterling worth, the mind of the practitioner is at peace. He knows in what he believes, and acts, whatever may be the exceptional result, with a consciousness that he is following a rule which, on the whole, is beneficent and trustworthy. Our forefathers in physic were weaker than we are, because they had not our advantages in theoretical study. They observed the phenomena of disease as we observe, and recorded them so faithfully and with such true delineation of nature that they leave little for us to do in mere description, nothing that can excel their own. The remedies they employed they also described with infinite care, and the effects of the remedies, in so far as they were able to form a judgment, were written with the most simple honesty. But at these points they stopped: if they endeavored to account for the cause of a disease or the action of a remedy, the *modus*, they fell into a train of reasoning tinctured by the philosophy of their time and inexpli-

cable now. We, more fortunate, are improving in theory by the better light that flows in upon us from modern philosophy; and so we are able to advance, as they never were, toward knowing not only facts, but the why and the wherefore of facts, —a signal advance.

In the matter of bloodletting, our forefathers were great in facts, and I have tried, in a former essay, to accord to them some of the credit that is their due. By their facts, the majority of the medical world, even one generation ago, firmly held. At length new theory, very imperfect of its kind, and assuming too much, threw doubts on some of the facts, and thus the practice of drawing blood fell into disrepute, its faults grossly exaggerated, its virtues ignored and forgotten.

We return, however, to the fathers once again. We are forced to acknowledge that, after all, they held in bloodletting a powerful means of cure; we are driven to accept that the remedy was based on correct observation; and we are driven, further, to the conviction that, by omitting to use this remedy, we moderns often let patients die who might live and be cured.

My lecture of to-day is offered as an attempt to treat with this conviction. Not one alone of medical men, but many have spoken to me upon it with compunction. We read, say they, what you and others have written on this remedy of abstraction of blood; we accept much you have said, but we cannot act as we would, even when we know a case must end fatally, because we have no clear rule for bleeding, nor connected theory on which to rest. You should define more clearly. Well, to-day it is my wish to define, not with dogma, but with reason —reason in which theory and practice go hand-in-hand harmoniously.

THEORY.

Let us endeavor, first, to learn the theory of the practice of taking blood. What physiological changes occur in the body when blood is being abstracted—in what way are these changes likely to influence function? And, that we may have no confusion of thought, let us, on the present occasion, treat only of abstraction of blood directly from a vein.

In tapping a vein, then, and allowing blood to flow from it, we should bear in mind that the venous channel we have opened is not simply a blood-course, but a reservoir of blood; a reservoir from which the right heart lifts up, at each stroke, a column, and pours the charge into the lungs. It makes some considerable difference from what part of the reservoir we take our blood; if we take it from the arm, we draw at first from that section of the reservoir from which the blood proceeds—the hand and the arm—and we affect the other parts of the body little; if we take it from the jugular vein, we draw direct from the brain, and very quickly interfere with nervous function; if we take it from the foot, we affect more slowly than from the arm, and much more slowly than from the neck. These facts were well known to the ancients, who, accordingly as they wanted a quick, or moderate, or slow deliquium, bled from the neck, the arm, the foot.

After a time there occurs, under the abstraction, a central change of the circulation; the volume of blood pouring into the heart is diminished at the right side of the heart; thereupon the volume of blood passing over the pulmonary circuit is diminished, and the first symptoms are unsteady breathing, attended usually with sense of oppression, and desire for air; the balance of the respiratory and circulating systems is disturbed, the pressure of blood in pulmonary circuits is reduced, and exhaustion would soon follow, but for a new change that takes place: the venous reservoir begins to be fed more freely from its tributary sources. We find, if we tie the aorta of an animal just dead, so that no blood can make its way from the arteries into the veins, that for an interval of three, four, and I once knew five minutes, there is an influx of blood into the right heart under the mere motion of its auricle. The venous resorvoir, bereft of its supply by the arteries, is filled for a time by tributary currents, by influx of water, by influx of chylous fluid, and by influx of returning blood from the great glandular organs, such as the liver and spleen. Thus the reservoir becomes filled up, not now with simple blood, but with blood containing specially an excess of water. Under these circumstances the blood from the vein becomes of darker color than is natural, precisely as this bright arterial blood before me becomes dark when, as I now do, I infuse it into a little water. At this stage of the operation the blood shows also an increased tendency to undergo coagulation; precisely as this blood before me, in which the fibrine is held in solution by the addition of a salt, shows quick tendency to solidify when I simply infuse water into it. The reason of this is that the influx of water disturbs the balance between the saline parts of the blood, fibrine and water which is necessary for maintaining fluidity. The blood receiving more water than the salts can remove in due quantity, the fibrine tends to pass into the solid form, to coagulate. Thus, sometimes there is a sudden coagulation of blood during this stage of blood-letting, in cases where the fibrine, already in trembling equilibrium, is ready, under very slight disturbance, to solidify. A stage a little further on, and the blood from the veins ceases to begin to flow, the heart becoming enfeebled, and fails to take up with sufficient force from the venous reservoir the fluid contained in it, and the blood itself loses in sustaining power. Then the evidences of syncope are manifested, lividity passes into pallor, the controlling nervous centres are paralysed, the

volitional centres are paralysed, and there is deliquium. The deliquium does not, as a rule, pass into death, however, because the heart, though it contract feebly, continues in motion, and, if the loss of blood be stayed, soon recovers itself; indeed, if the bleeding be continued, the heart continues to contract after the respiration has ceased, and I have seen this day, in an animal that died from actual loss of blood, the heart rythmically acting for ten minutes after death. We have here the same phenomenon as that which is observed after death by chloroform; and the cause of the phenomenon is that the heart first feeds itself with blood by the coronary vessels, so that it is the last organ of the body that is exhausted, and is consequently the last to die. But for this provision every case of syncope would be a case of death.

In this period of temporary suspension of the common phenomena of life, there is, as we know, complete collapse of voluntary power; there is also such perfect loss of sensibility that the late Dr. WARDLAW, before the days of anæsthesia, once bled a lady to insensibility, and while she was unconscious amputated her breast. But soon, should the loss of blood continue, and perhaps should it not continue, there is another symptom added—I mean irregular and severe convulsion. This convulsive action is a definite phenomenon, and it may be seen in the slaughter-house in every animal that is killed by simple loss of blood. It appears invariably at a given moment during loss of blood, it lasts a regular time, and it ends in complete cessation of muscular motion. When we analyse the phenomenon of the convulsion we find that it is simply due to loss of nervous control over the muscular system. The nervous system is dead, and is, as it were, broken off from the muscular system; but the muscles retain their power to act and persist in action, the flexors against the extensors, the extensors against the flexors, in uncurbed restraint, until both are reduced in power. Still, the muscles retain long what is called their irritability, and if supplied with saline solution, in current, remain active, under stimulation, for two and three hours after death, if their temperature be kept low. We have before us proof of this. Here is an animal that died two hours ago; from it every portion of blood that could be extracted was extracted. We insert now in the aorta an injecting tube, and throw round the arterial vessels, into the muscles, a weak solution of common salt, and, under the stimulus of electricity, you see the muscles again so active that the limbs are moved freely. These muscles are not dead, and if we could re-connect them with their nervous centres, and restore the nervous power, we could call up a resemblance, at least, of actual life.

Baron LIEBIG, in a recent admirable lecture (translated by Dr. PAUL, in the *Pharmaceutical Journal*), has called particular attention to this effect of a saline solution in restoring muscular irritability after death, and has adduced in illustration an experiment made on frogs, in which, for several hours after the natural circulation of blood has been cut off from the animal, the muscular motion has been sustained by the injection into the arteries of common salt and water. He has further adduced an observation, by Professor AGASSIZ, of a wounded shark that lived for a long time on the sea water which had found its way into the circulatory channels of the animal. But we have had better observations even than these in the practice of medicine; for in cases of serous hemorrhage, cholera, in the human subject, we have had instances abundant in which, after the apparent collapse of death, after cessation of motion, sensation, and other signs of life, the introduction of saline solution by the veins has restored animation. In like manner, in collapse from direct loss of blood, the same restoration of motion has followed transfusion. Again, in some experiments of my own on the bodies of warm-blooded animals that had lain dead in the air at a temperature below freezing point, it was found that so long as three hours after death active muscular motion could be excited by simply injecting water, without salt of any kind, at a temperature of 115° Fahr.; while in a turtle that had been killed by decapitation in the usual way, I once found the muscles of the head, that had been kept at 32° Fahr., contracting vigorously, under mere mechanical stimulus, eighteen hours after they had been separated from the rest of the body.

The evidence, then, is conclusive that, after loss of blood, to and beyond the stage of convulsion, the muscles retain their power to contract; they retain it much longer, I may say, under this condition than when they are left full of blood, and they begin to react so soon as they are recharged, even after prolonged absence of blood. The heart, also, with the other muscles, retains its power, and, as it is most readily resupplied with blood, it continues to act during deliquium, and maintains the life. In the days when to bleed from a vein was a practice followed by every busy practitioner every day, syncope from bleeding was an event of the most common kind; but death from the syncope thus induced was almost unknown.

There has been some difference of opinion respecting the temperature of the body during loss of blood. From the observations I have made in the cases of animals bled to death in the *abattoir*, I was led to infer that through the whole process of abstraction of blood there was lowering of temperature. But this view has been opposed, and it has been affirmed that there is sometimes an increase of temperature during loss of blood. I have on this point some notes recently made by my friend Dr. DAY, o

Stafford, who has observed the effect of abstraction of blood in a calf that was bled, as is the custom in some parts of England, on two days previous to slaughter of the animal. In this instance, the temperature in the rectum remained on both occasions unaffected, but in the mouth it underwent decided reduction. Dr. Day has also taken observations in two cases of accidental hemorrhage in the human subject, in one case of post-partum hemorrhage in the human subject, and in one case of excessive internal hemorrhage occurring during typhoid fever, also in the human subject. In the cases of accidental hemorrhage, the temperature in the axilla and the mouth was reduced 1½°; in both these instances there was recovery. In the cases of post-partum and of internal hemorrhage, there was decline of temperature to nearly 2° up to the moment of death (both being fatal cases); but in both, at the moment of death, there was a suddenly-developed increase of temperature. This fact of post-mortem rise in temperature, on the cessation of the movements of the heart and of the muscles of respiration, has been observed after death by cholera and other suddenly exhaustive diseases, and has been before us in a previous lecture. Its occurrence in cases of hemorrhage may have led to the difference of opinion that has been expressed respecting the effect of hemorrhage by other observers. I do not, however, think the fact in any practical way influences the question we have now in hand; and from the evidence we have before us we are, I infer, bound to accept, until other and very decided proof has been given to the contrary, that during loss of blood the temperature of the body is reduced.

We may sum up the physiological effects of abstraction of blood under a few heads. There is, *firstly*, modification of the balance of the circulating and respirating systems; *secondly*, influx of fluids into the venous reservoir from the tributary supplies; *thirdly*, hydration of the colloid fibrine, and dilution of the saline parts of the blood, leading to tendency to separation of fibrine; *fourthly*, syncope; *fifthly*, convulsion of the muscles from removal of nervous control, with retention of the muscular irritability; and, *sixthly*, decline of animal temperature. From these facts we may turn to the application of bloodletting in cases of disease, and may ask, and try to answer the question, What are the conditions of disease demanding the abstraction of blood?

(*To be continued.*)

Cod-Liver Oil.

Dr. J. M. WINN, senior physician to St. George's and St. James' Dispensary, says in the *British Medical Journal*:

"The following example is a remarkable illustration of the value of cod-liver oil in a case that appeared, at first sight, an unpromising one for its use.

"A child, six years and a half old, was brought to me dreadfully disfigured by an eruption of eczema impetiginodes over the forehead, nose, lips and left cheek. She was one of the largest and most robust looking children I ever saw, and her muscles were firm and well developed. She was the daughter of Jewish parents; and I was informed that her brothers and sisters were all on the same large scale. Attributing the disease in a great measure to a plethoric condition, I prescribed aperients and alkalies; and as she was in the habit of eating very heartily of animal food, I reduced her allowance of meat. After continuing this plan for a fortnight, there was no amendment; I then changed the treatment, and ordered one small teaspoonful of cod-liver oil three times a day. The effect was immediate, and in about a fortnight the eruption had disappeared, and the child was quite well in every respect.

"A case which I am now attending will serve to show that all the beneficial effects of cod-liver oil may be produced by the use of very small quantities, even on full-grown persons of very large proportions. The patient is an ex-Life-Guardsman, above six feet in height, suffering from tubercular disease. He appeared to be in a sinking state, but has now rallied far beyond my expectation from the use only of one drachm of the oil three times a day.

"From these and similar instances of constant occurrence, I infer that cod-liver oil does not act as a mere article of food; neither is it a simple tonic, like iron or gentian, but that it has a specific virtue of its own—in short, I would suggest that cod-liver oil is to hereditary affections what quinine is to zymotic diseases."

The Treatment of Habitual Constipation.

In the treatment of obstinate constipation, says the *British Medical Journal*, Dr. FULLER lays especial stress on the management of the routine of his patient's daily life. His impression is that in the majority of instances the constipation originates in a neglect to attend to the calls of nature, whereby the bowel ultimately becomes insensible to its natural stimulus. Therefore he insists, as preliminary to all treatment, that the patient shall go to the water closet daily at a stated hour, and shall remain there with his mind directed solely to the object of his visit for at least five minutes; there being no doubt in Dr. Fuller's mind, that any diversion of the thought tends in many instances to diminish or draw off the nervous influence which would have sufficed for defecation if the mind had been directed solely to the act. This being strongly insisted on, Dr. Fuller is guided in the choice of his remedies by the result of his inquiries in each individual

case. If the tongue be clean and not unduly red, and there be no apparent derangement of digestion, he ordinarily suspects inactivity of the large bowel, and orders an enema to be used once a week, prescribes a pill containing aloes and nux vomica to be taken twice a day before meals, and advises the use of brown bread. If the secretion be unduly pale or unduly dark-colored, indicating inactivity or derangement of the liver, he adds to the pill a small dose of podophylline or prescribes a pill to be taken occasionally, containing two grains of calomel and a grain of colchicum, both of which agents appear to him to exercise a stimulating influence on the lower bowel. If, on the other hand, the lower bowel appear to be acting freely—in which case the enema will prove to be of little or no service—and if, at the same time, the tongue be red and possibly chapped, indicating an unhealthy and congested condition of the mucous membrane, Dr. Fuller prescribes a dose of Pullna, or some other aperient water, before breakfast, and calls to his aid a wet compress on the abdomen. Again, if the lower bowel be acting freely, but the tongue instead of being unduly red, be pale and flabby, he prefers a pill two or three times a day containing iron, aloes, rhubarb, and nux vomica; and, if there be much tendency to flatus and spasm, he adds to this pill a small dose of belladonna. In some of these cases he has found electricity useful, whether in the form of a strong continuous current applied for a short time daily, or in that of a Pulvermacher's chain, worn constantly day and night. But in many instances of constipation the fault appears to Dr. Fuller to lie in inactivity of the liver and of the secreting apparatus of the digestive organs, rather than in mere torpidity of the muscular coat of the bowel. These cases are characterized by a coated tongue, a foul breath, congestion and yellowness of the conjunctiva, and a tendency to headache and occasional nausea. In these cases, the secret of successful treatment lies in a proper regulation of the diet, and on the taking of sufficient active bodily exercise. Absence from fatty and saccharine matters, together with a diminution in the daily allowance of alcohol; a diet in which green vegetables and fruit play a conspicuous part, together with active exercise and the occasional use of a Turkish bath, will generally suffice to rectify this form of constipation. The drugs most serviceable for its relief are rhubarb, colocynth, scammony and podophyllin, combined, if necessary, with a twelfth of a minim of croton oil, and occasionally a dose of calomel; but these are only temporary expedients for the relief of a condition which is clearly induced by excess in eating and drinking, improper food, or inactive habits, and which can be easily counteracted by careful attention to the points above mentioned.

In cases of extreme constipation, terminating in temporary obstruction of the bowels, Dr. Fuller gives two pills composed of equal parts of scammony, calomel and colocynth, to which he adds a minim of croton oil. After these have been taken about two hours, he puts the patient into a hot bath and administers a copious enema of warm water; and if that fail, he gives an enema containing an ounce of turpentine and an ounce of castor-oil. If this prove ineffectual, he follows the pills by a senna draught or a full dose of castor-oil, and then gives an effervescing saline every three hours, containing a drachm of sulphate of magnesia. If much sickness exist, and the pills be rejected or do not act, he gives ten grains of calomel in powder and applies a mustard poultice to the epigastrium, and then repeats the effervescing saline and sulphate of magnesia. This treatment, however is applicable only to extreme constipation, not to obstruction of the bowel.

Transfusion of Blood in Poisoning by Carbonic Oxide.

Professor HUTER, of Greisswald, related at a meeting of the medical society of that place, a case of poisoning by carbonic oxide, in which he successfully employed transfusion of blood. The patient was a gentleman aged 26, who had been exposed for four or five hours to the noxious gas, and was found insensible. Attempts to resuscitate him by means of artificial respiration, by compression of the thorax, abduction of the arms, and the application of electricity to the phrenic nerve, were made, but without success. When Dr. Huter came to him, respiration was very superficial and intermittent, the pulse small and frequent; the pupils did not act, and the cornea was quite insensible. This was his state about half an hour after he was found. Dr. Huter obtained at once a pound of blood from a student and from an officer's servant; and, having defibrinized it, injected it into the right radial artery just above the wrist, at a time when respiratory movements had quite ceased. A vein in the patient's left arm was opened when about two drachms had been injected; a few drops only of blood escaped. Artificial respiration by compression of the chest was kept up while the injection was being made. After about half the blood had been injected, the blood flowed more freely from the open vein. At the end of the injection of the entire pound, the pulse had become fuller and slower, and natural respiration had returned. In half an hour, the pupils were sensitive to light, and the patient moved his arms a little. For four hours it was necessary to hold the tongue forward, on account of its tendency to fall back; when this ceased, consciousness returned. There was still some drowsiness on the following day. Recovery was

complete on the fifth day. In commenting on the case, Dr. Huter insists on the necessity of using a sufficient quantity of blood, *e. g.*, a pound; and says that injection into the arteries is in such cases much preferable to that into the veins.

Reviews and Book Notices.

BOOK NOTICES.

The State of West Virginia very wisely has a State vaccine agent, who is appointed annually, and whose duty it is to furnish every citizen of the State who shall apply for it, genuine vaccine matter, with directions how to use it, free of charge. Since the office was created, now eight years ago, the present incumbent, Dr. JOHN C. HUPP, of Wheeling, has filled it in a most satisfactory manner. We have just received from him an official report entitled, "Vaccination and its Protective Power in the State of West Virginia." We hope it will be read widely, as it illustrates strongly the benefit of such public action.

"Retention of urine depending on stricture," was the subject of a paper read before the New York Medical Journal Association, last December, by Dr. ALEXANDER W. STEIN. It describes a convenient catheter, and contains several general suggestions of value.

In looking over the report of the Maine Insane Hospital for 1870, recently received, we were impressed with the truth of the following observation, which deserves the attention of every physician:

"In observing the varied cases of insanity which come to the hospital for treatment, we are confident that quite a proportion of them, say from one-half to two-thirds, have a morbid condition of brain of an anæmic character, induced by dyspepsia long continued. They are always difficult to treat, whether in or out of the hospital, either before insanity has commenced or after reason has lost its sway, from the fact that they require so much care, and that the symptoms are subdued with such difficulty. Early attention to the digestive organs by applying proper diet and the use of the right kind of medicine, together with healthful exercise in the open air, without fatigue, would, we believe, avert many from the vortex of insanity into which their physical disease is fast plunging them."

American Association for the Cure of Inebriates. Proceedings of the first meeting held in New York, November 29th and 30th, 1870. Philadelphia, 1871; pp. 84. Published by order of the Association.

An extremely important branch of human progress is treated in this pamphlet. The organization of such an association, the character of the essays submitted to it, and the reports of work already done, are cheering to every philanthropic mind. The contents, besides the minutes, are a paper by Dr. N. S. Davis, on the pathological influences of alcohol and the nature of inebriation; an article on the philosophy of intemperance by Dr. Joseph Parrish; on the disabilities of inebriates, by the inmates of the Pennsylvania Sanitarium; experiences at the Washingtonian Home, Boston, by W. C. Lawrence; restraint as a remedy in the treatment of inebriety, by D. G. Dodge; the relation of the church to inebriates, by the Rev. J. Willett; inebriate asylums as they relate to questions of social and political economy, by Dr. Albert Day; the moral and social treatment of inebriates, by Dr. P. J. Wardner; statistics of Inebriety, by Prof. Willard Parker; and a chapter on laws regulating the admission of inebriates to asylums.

This summary will speak for itself, and indicates vividly the earnest and practical character of the questions which engage, to such good purpose, the members of the society.

Modern Therapeutics: A Compendium of Recent Formulæ and Specific Therapeutical Directions. By GEO. H. NAPHEYS, A. M., M. D., one of the Editors of the *Half Yearly Compendium of Medical Science*, late Chief of Medical Clinic of Jefferson Medical College, Member of the Philadelphia County Medical Society, Corresponding Member of the Gynæcological Society of Boston, etc., etc. Second Edition. Revised and Improved. Philadelphia; S. W. BUTLER, M. D., 115 So. Seventh st. 1871. 1 vol., 8vo., cloth. pp. 412.

Those of our readers—and they are many—who are familiar with the first edition of Dr. NAPHEYS' work, will hardly recognize it in this so much handsomer and more enlarged form. Not only has a considerable amount of new material been added, but both type, paper and binding present a much more attractive appearance, while—it is worth remarking—the price remains the same. We have observed, however, a number of small inaccuracies in proof-reading, which we could wish had not escaped the printer's eye.

The additions consist in a large number of therapeutical directions, from the most recent American, English, French and German practitioners, most of them novel to the general mass of physicians, and all of them by experienced teachers.

It is to be regretted that the author has not entered further, not into the theory, but into the philosophy of therapeusis. Empiricism, as Lord BACON justly observes, should incline to the traditions of learning, and empirical therapeutics should be educated by the methods of sound pathological reasoning.

Probably of all the American medical books published in 1870, this work of Dr. Napheys was the greatest commercial success. This edition will, undoubtedly, still further increase its popularity.

MEDICAL AND SURGICAL REPORTER.

PHILADELPHIA, FEBRUARY 11, 1871.

S. W. BUTLER, M. D., D. G. BRINTON, M. D., Editors.

☞ Medical Society and Clinical Reports, Notes and Observations, Foreign and Domestic Correspondence, News, etc., etc., of general medical interest, are respectfully solicited.

Articles of special importance, such especially as require original experimental research, analysis, or observation, will be liberally paid for.

☞ To insure publication, articles must be *practical*, *brief* as possible to do justice to the subject, and *carefully prepared*, so as to require little revision.

We particularly value the practical experience of country practitioners, many of whom possess a fund of information that rightfully belongs to the profession.

The Proprietor and Editors disclaim all responsibility for statements made over the names of correspondents.

PROFESSIONAL RECOMPENSE.

"Doctor's charges" have recently been the subject of some severe comments in the newspapers of this and other cities. The general public would seem to feel aggrieved lately at some special acts in this direction. They are asserted to be unfair, unequal, and graduated not to the services rendered, but solely to the amount possible to obtain.

It is a fact, and we regret it as much as any one, that there is a prevailing vagueness in our scale of charges. One physician demands more than another; the same physician asks more of one than of another of his patients; those in one portion of a city are cheaper than those in another portion. The fee-bill, which is the ostensible guide, is disregarded even by its framers.

All this is so, but it is unavoidable. If physicians were paid invariably, or as nearly so as most other laborers, for their work, these irregularities would vastly diminish; but they notoriously are not. We cannot be contradicted in the assertion that they perform more labor without recompense than any ony other class in the community. It is essential, therefore, that they must make those pay who are able adequately to remunerate the skill and toil rendered.

We do not favor exorbitant charges, still less improper ones. But in estimating how much a patient, abundantly able to pay, ought to be charged for services rendered, we must bear in mind the amount of benefit he has received, the value the attention has been to him in the way of saving time, the long period of labor and time devoted to acquiring the requisite knowledge, and attending circumstances. We remember to have seen an incident related of the late President Lincoln which may be repeated. The largest fee he ever received was five thousand dollars paid him for twice arguing the case of the county of McLean against the Illinois Central railroad company, reported in 17th Illinois, 291. The opinion of the court sustained his view of the case, holding that the provision in the charter of the company by which its property was exempted from taxation on the payment of a certain proportion of its earnings, was constitutional. The company owned nearly two millions of acres of land, and the road passed through twenty-six counties, so that, had the decision been adverse to the company, a half million of dollars put at interest would scarcely have paid the taxes. Pending the payment of this fee, Lincoln wrote the following query, the affirmation of which embodies the practical rules which governed his attorney fees: "Are, or are not the amount of labor, the doubtfulness and difficulty of the question, the degree of success in the result and the amount of pecuniary interest involved not merely in the particular case, but covered by the principles decided, and thereby secured to the client, all proper elements, by the custom of the profession, to consider in determining what is a reasonable fee in a given case?"

These are the principles which must govern us in making up our accounts, and if we apply it to those who can pay rather than those who cannot, the reason is sufficiently obvious and ought to be satisfactory.

New Points in the Chemistry of Milk.

Some important observations recorded in the first number of the *Milk Journal*, indicate that the specific gravity of milk is a very uncertain guide to its strength. It appears that mere keeping for three or four days in a closed vessel determines a change in the density of milk—that in point of fact milk *expands* on being kept, so that its specific gravity falls sometimes even below that of water. An explanation of this strange phenomenon was sought in the assumption that fermentation of the milk-sugar had taken place, and that by this means the milk had been charged with alcohol, which would, of course render it lighter. Direct experiment, however, failed to detect the least trace of alcohol. The spontaneous expansion of volume must therefore be due to some strange molecular change in the caseine, and possibly also in the milk-sugar.

Notes and Comments.

Chloral in Mania.

A correspondent writes: "In a case of puerperal mania coming on the third day after delivery, I treated successfully with chloral hydrate after trying opium, camphor, valerian, bromide potassium and other minor remedies, for two days and a night. I gave the chloral in 30 grain doses every half hour until she slept. It acted promptly and efficiently."

A Good Rule.

Of the various improvements relating to school management we have learned of none more desirable than that recently initiated in New York city. The Board of Education of that city have recently created the office of visiting physician, who is to report on all cases of sickness of over five days' absence, etc. It is ultimately intended to make it a bureau of medical inspection, charged with the sanitary supervision of the schools.

Sponge Paper.

For the fabrication of an article called sponge paper, lately patented in France, evenly and finely divided sponge is added to ordinary paper pulp, and this is worked as in the common paper making apparatus, into sheets of different thicknesses. It is said to have all the peculiarities of sponge, absorbing water readily, and remaining moist a long time. It has been used as a dressing for wounds with considerable advantage, and is capable of several important technical applications.

Death of Dr. G. T. Elliott.

Dr. Geo. T. Elliott, Professor of Obstetrics in Bellevue Hospital Medical College, died at his residence, on Sunday morning, January 29th. Dr. Elliott had received an attack of apoplexy last July and since that time made a rapid recovery. On Saturday evening extravasation again took place, and next morning he died.

Management of Infants.

Some very sensible rules for the general management of infants have been drawn up by the Infant Mortality Committee of the Obstetrical Society of London. They will be published in a form suitable for cheap distribution among the poor. They contain nothing new to medical men, but epitomize clearly and sensibly the most approved rules for washing, clothing, ventilation, sleep, air and exercise, feeding, suckling, feeding of nursing mothers and wet-nurse, weaning, and hand-feeding. They have been compiled after much correspondence and with considerable care.

An Important Economy.

Liebig reckoned the amount of nutritive juice lost in salting at one-third of the meat. Mr. Whitelaw, of Glasgow has applied himself on a large scale to utilize both the matter in solution and the nutritive constituents of the meat. He proposes to dialyse the brine either in chambers fitted up with diaphragms, or by filling a series of ox-bladders with brine, fitted with gutta percha mouth-tubes stretching across and into vats of water. The liquid contained in the bladders is pure juice of flesh; two gallons of brine are found to yield one pint of solid extract of meat.

Gonorrhœa Treated by Tannin and Glycerine.

Dr. Schuster, of Aix-la-Chapelle, describes a method of treating gonorrhœa and gleet, to which he was led by observing the results of a similar plan in uterine catarrh. Tannin when mixed with glycerine, forms a waxy mass, which soon becomes smooth, hard and brown, but readily dissolves under a gentle heat. Dr. Shuster has made rods, three or four inches long, consisting of tannic acid two parts, powdered opium 0.12 parts with a sufficiency of glycerine. These are soft in the summer, but become very brittle in the winter. The rod, moistened with hot water is introduced into the urethra, and a piece about an inch and a half long is left in; it melts down and forms a whitish mass with the mucous secretion from the canal. The rod may, after remaining five to ten minutes, either be removed by the finger or be expelled by the stream of urine. The remedy is applied twice or thrice daily. Dr. Schuster treats gonorrhœa in all its stages in this way; a cure follows in a period varying from seven to eighteen days.

Glycerine Inhalations in Croup.

The *Wiener Medizin Wochenschrift* for November 19, 1870, gives an analysis of a pamphlet by Dr. G. Stehberger, of Mannheim, who recommends the treatment of croup by inhalation of pure glycerine through Siegle's apparatus. He was led to try this remedy in croup from observing its good effects in cases of hoarseness and loss of voice. In 1869, after an epidemic of measles, there were numerous cases in the practice both of Dr. Stehberger and of other practitioners in Mannheim, where, whether the symptoms were those of true or false croup, the good results of the inhalation soon became evident. The cough became more free and moist, and the

children were able to sleep almost immediately after being relieved by the inhalation. In severe and advanced cases, however, these results were not so evident; and it is doubtful whether they occur, if the remedy be not applied early and be repeated sufficiently often. The glycerine is used unmixed, if it be pure; if not pure, it is diluted with a little water. The inhalations are repeated, according to the urgency of the case, at intervals varying from half an hour to an hour and a half, for about fifteen minutes at a time. Dr. Stehberger ascribes the effects of the glycerine to the fact, pointed out by Dr. M. SIMS, that it increases the secretion of the mucous membranes, and thus reduces tumefaction.

A Comparison.

Comparisons, it is said are odious, but they are sometimes instructive as well. In paying for medical journals, as well as in everything else, the subscriber wishes to get the largest return for the amount expended. A subscriber in a western State has had leisure enough to institute a comparison which is so much in favor of the REPORTER that we may be pardoned for making use of his figures. He says "In comparing the last copies received," (of the REPORTER, and a monthly journal,) "I find the following: in the REPORTER, 22 pages, with an aggregate of 20,000 words, and upward, while in the monthly of 64 pages there are about 19,500 words." By this showing the REPORTER contains considerably more than *four times* the amount of reading matter than the monthly. For while there are but twelve numbers of the monthly in a year, there are 52 (not 48) numbers of the REPORTER, and last year there were 53 numbers! The fortnightly journals, too, give but 24 numbers in a year—not 26!

The Orthopœdic Hospital of this City.

The State Board of Charities recommend an appropriation by the Legislature of $10,000 to the Orthopœdic Hospital of this city. They say:

"This hospital stands alone as the only institution in the country devoted to the treatment of the deformed and paralytic. At the present, as for years past, it has been besieged by applications for relief of deformities and nervous diseases from all parts of the State, and through lack of means has been unable to give the aid which the applicants desire. During the past year one-half of its patients came from counties other than that of Philadelphia. These were cases of single and double club foot, club hand, curvature of the spine, bow legs, contractions of the joints, paralysis, etc.

"It should be added that no such institution can exist out of a great city, because there alone can the services of mechanics skilled in the making of the needed apparatus be had, as well as of physicians who have given special attention to the disorders which this hospital receives for treatment."

The officers and appointments of this hospital were given in a late number of the REPORTER.

The Woman's Medical College of Pennsylvania.

In a recent number of the REPORTER we alluded to a raid made by some female students on a clinical lecture at the Philadelphia Hospital, where the students from the University of Pennsylvania and the Jefferson Medical College had been quietly attending lectures during the winter. We were able to add, at the last moment, that we had heard it intimated that the females who presented themselves at that clinic were not students of the Woman's Medical College of Pennsylvania. Such, we are happy to learn, positively was the case. Moreover, we are authorized to say that the Faculty of this college wish it to be understood that they are not in favor of their students attending clinics in mixed classes of males and females. They desire for their students the best hospital advantages to be obtained in this city, but wish to have no mixing of classes. They enjoy such advantages now and are content, and wish their students to be considered as innocent of transgressing the bounds of propriety and female delicacy unless proved to be guilty. When, therefore, such acts of impropriety occur, as we recently had occasion to allude to, it is to be understood that the Faculty and students of the Woman's Medical College of Pennsylvania are not implicated. While occupying this position, this institution will have our cordial and hearty support in endeavoring to work out a problem which we believe, however, it will ultimately fail in.

Conservative Surgery.

DR. MACCORMAC says, in a letter to the *Lancet:*

It is, I think, certainly true that, in severe gunshot fractures of the lower limb, amputation is often the better course, and that, when not performed in the first instance, it often becomes imperative at some later period in order to afford a chance of life, and then the conditions for success are not all so favorable. It is is also true that resections of the hip, and especially of the knee, have not been satisfactory.

In the upper extremity, however, the converse holds true, and resections of the shoulder, the elbow, and the wrist, as a rule, do well; while, compared to the leg and thigh, amputation of the forearm and arm is but rarely needed.

It cannot be too strongly insisted upon, that where an operation is required from the severity of the injury, an immensely better chance of success

is afforded by performing the operation at once, and it therefore becomes of great importance to make an early and thorough examination of all gunshot wounds by the finger. No probe, however cunningly devised, will answer so well.

Correspondence.

DOMESTIC.

The Uses of Subnitrate of Bismuth.

EDS. MED. AND SURG. REPORTER:

Reading an article in one of your late issues upon the use of the subnitrate of bismuth in cholera infantum has caused me to give my experience with that medicine.

I will premise by saying a few words in regard to the manner in which it produces its beneficial effects. HEADLAND, in his work on the "Action of Medicines," claims that it is insoluble, and that it produces its effects mechanically by sheathing and soothing the irritated mucous surfaces. The majority of reliable authorities hold the same views, and my experience with it has led me to the same conclusion.

In nearly all cases of irritability of the stomach, whether occurring in young or old persons, I have used it with the most satisfactory results. My method of prescribing it in those cases is to give to an adult from four to eight grains every hour until the vomiting cases, and to children a proportionate quantity. In the irritability of dyspepsia, I believe it excels all other remedies. Given in from ten to thirty grain doses every three hours, it produces almost specific effects. But the tonic effects so much claimed for it in debility of the stomach I have never been able to realize in my cases. In fact, my experience with it has led me to believe that except in those cases connected with gastric irritation it is worthless. It it true that in neuralgia of the stomach it often proves quite remedial; here again it soothes an irritated mucous membrane, the cause of the trouble.

In the majority of cases of cholera infantum it has acted for me as much the part of a specific as quinine does in ague. For a child two years old I usually prescribe it in from four to eight grain doses every hour until the discharges are somewhat subdued, when the interval is lengthened. Occasionally it becomes necessary to give double that quantity. If there is much pain, a twelfth or a tenth of a grain of opium is given with each dose. As a drink, milk and lime-water are given in the interval, and after repeated trials with this mixture, am convinced it is the best diet that can be given during the acute stage of the disease. Externally, counter-irritation by means of mustard is kept up over the epigastrium and extremities.

In the treatment of the diseases of children a consideration is, to give medicine as nearly tasteless and inodorous as possible. The subnitrate fills those indications perfectly. On that account many of the medicines in common use for cholera infantum, such as creasote, etc., are quite objectionable, it being impossible to disguise the unpleasant taste and odor. Exceptional cases, in which the subnitrate does not produced the desired effects, are those in which active fermentation is going on. Here the sulphites of soda are the best remedies.

Many cases might be enumerated in which I am convinced bismuth has been the means of saving beloved offspring. One instance, which is brought forcibly to my mind, I will relate:

In the month of September last, a young man came after me hurriedly one night, stating that a small sister of his was apparently dying of vomiting and diarrhœa. Hastily accompanying him, we were soon at his father's residence, and I think I there beheld one of the most unpromising cases it has ever been my fortune to see recover. The mother informed me that the child had been troubled with "summer complaint" in a mild form for several months, and the parents hoping that nature would effect a cure allowed it to continue. A few days before my visit it assumed an aggravated form. The appearance of the child when quiet was most relaxed and ghastly, almost that of one in death's embrace. The extremities were perfectly cold; the pulse almost imperceptible; a dark blue circle surrounded the eyes, and the diarrhœa and vomiting, in small quantities, almost incessant. Here was a case in which the virtues of the medicine could be thoroughly tried. I ordered the treatment to be followed in every particular as directed above, and warmth to be applied to the extremities. In less than an hour after giving the first dose, we had the pleasure of seeing the vomiting and diarrhœa very much lessened, and in a few days a disease that had been running on for months entirely cured.

In the chronic diarrhœa of children, we have no better remedy; also in that of adults. At the close of our late war, I prescribed it with curative effect in several cases of army diarrhœa, that had resisted the whole round of ordinary remedies. Of course in such cases it must be given in very large doses.

JOHN SENSEMAN, M. D.

Gettysburg, Darke co., O., Jan. 16, 1871.

Rupture of Perineum.

EDS. MED. AND SURG. REPORTER:

The following case, which recently came under my care, I believe to be interesting from the

novelty of the accident: A case of incomplete rupture of the perineum, not produced, however, by the usual cause—parturition.

The patient, a laundress, while stooping to build a fire beneath a vessel of water, was attacked by an infuriated cow, the animal approaching from behind, one of its horns penetrating the perineum by the side of the anus, between it and the left tuber ischii, tearing downward and forward into the vagina, producing an ugly, lacerated and painful wound. The lips of which, after being carefully pared—they being very much jagged—were neatly approximated and held in position by means of sutures, after the manner of Isaac Baker Brown; a simple dressing then applied and held in place with a double T bandage. To confine the bowels, opium was freely administered; no evacuation occurred until the twelfth day after the accident. The patient had a speedy recovery, the lips of the wound uniting throughout its entire extent.

J. A. DIBRELL, JR., M. D.

Little Rock, Ark.

The Induction of Premature Labor.

EDS. MED. AND SURG. REPORTER:

In a late number of the REPORTER occurs the record of a case taken from the *Lancet*, by which it would appear that the question of the best method of inducing premature labor is finally settled. But this is by no means certian.

If the young practitioner consults his authorities, he is told for example by DEWEES, that if the operation be justifiable, no direction as to the best manner of proceeding need be given. This caution alone he regards as necessary, that the mother must not be damaged by the *cutting* instruments used. Or if he be fascinated by the perusal of ELIOT'S admirable monograph, yet is he in doubt what may be the best course to pursue.

The report of the following case illustrates that no one method is reliable, but that a variety of plans may be necessary to bring about the desired result.

In the month of September, 1869, Mrs. M——— was taken with labor, and no progress having been made in spite of violent pains for 24 hours, the forceps were used without avail, and finally, by version she was with difficulty delivered of a dead child. An examination had revealed an antero posterior contraction of the superior strait. As she came out of her perilous situation in an apparently moribund state, when she had sufficiently recovered, she was charged never to become pregnant again, an order the more positively enforced, because she had barely escaped with life at previous labor. Contrary to advice given, a little more than 8 months since, I was informed that she was again pregnant, and on being consulted I relieved her anxiety, by assuring her that premature labor would be justifiable in her case, ordering her to advise me of the termination of the period between the seventh and eighth months of pregnancy.

The following record will illustrate that I had somewhat more difficulty than I had anticipated in following out a plan I had determined to put into operation at the very first case of the kind I should be called upon to manage, which plan I pushed to the utmost, in order to test its efficacy.

December 10th, at 9 a. m., I placed the patient upon an extemporized seat, made by resting a board across the edge of a large tub, and from a height of eight feet I poured water as warm as could be borne, into a fountain syringe, from which the water was carried through a rubber tube, and and through the vaginal end of the same, against the os uteri.

At 6 p. m., found the os in the same condition as before the injection.

December 11th, 9 a. m. Os same. Tried water warm again and at 6 p. m., same date, without success.

December 12th—morning—varied the operation by substituting a longer vaginal pipe, using a flexible rubber tube, and throwing the fluid into the cavity of the uterus, producing an effect relied upon by some as amply efficient, viz.: making a separation of the membrane about the os, and 2 to 3 inches higher up. At 6 p. m., same date, no success.

Dec. 13.—Tried alternate injections of cold and warm water; repeated *once in three hours*. At 6 P. M., nothing like labor pain had been produced.

Dec. 14.—Having as yet confidence in the means adopted, I repeated the operation of yesterday. The patient at night said she felt as well as ever and had suffered no pain during the day, nor had observed any of the usual signs of labor.

Dec. 15.—To restore the waning confidence of my patient, I told her I would try another plan at night if the day brought no change in her condition, after trying faithfully the douche against the os as heretofore. At 9 P. M. I called and found her the same, having had no premonitory symptoms of labor. Accordingly I introduced a well oiled bougie high up into the uterus behind the membranes, leaving it there, and assuring her that I should hear from her within eight hours, withdrew.

Dec. 16.—Was sent for at 7 A. M., with the request that I would come immediately, as she was in "*hard pains*." I found the os well dilated, the bag of water protruding, whereupon I withdrew the bougie.

I then discovered a cross presentation, the head occupying the left lateral position at the brim; as the membranes thus far had not been tampered

with, external version was easily performed. The feet were first brought down, and next the membranes were broken and the delivery terminated.

From the above case may be deduced these lessons:

1st. No one plan of inducing premature labor is applicable to all cases.

2d. Concerning the plans proposed, those only should be adopted which leave the membranes intact until the presentation has been fully recognized.

C. W. Bull, M. D.

Plymouth, Conn., Jan. 22, 1871.

What is a Quack?

Eds. Med. and Surg. Reporter:

In No. 725, page 63, of this journal, attention was called to a commentary on the opinion of Mr. Justice Sutherland, delivered in the Court of Appeals of the State of New York, relative to the act of 1844—"abolishing all restrictions on the practice of medicine," and ruling that it was "just as actionable falsely and maliciously to call a homœopathic physician a *quack* as to call an allopathic physician a *quack*."

While the learned judge may be credited with a commendatory opinion, there exists a shadow of doubt as to the applicability of the analogy drawn, or the apparent inference made by the learned commentator.

It cannot be entertained by the members of the profession at large that, the learned justice, in delivering the above opinion of the court, had, in the remotest degree, any idea of attributing the appellation "allopathic," as applicable to the regular or old school physician, which is seemingly assumed by the commentator. That he, who commits himself to the narrow axiom "*contraria contrariis curantur*," should be extolled, and he who being allured in the later but incredible maxim "*similia similibus curantur*" should be denounced, is an absurdity.

It is the writer's belief that, all who strictly and prejudicially confine themselves to any one given system of medicine—to the exclusion of all others—whether, it be allopathy, homœopathy, hydropathy, eclecticism, thomsonionism or any other pathy, or ism—as they are known to us—are quacks and charlatans; that, he who cannot use indiscriminately, in accordance with his best judgment—and he should be a judicious observant and selector—any of the varied medicines, drugs, appliances and substances known to the profession as being beneficial in the treatment of the ills akin to poor human nature, are unworthy of respectful recognition and should be eschewed; and that he who affiliates specifically with either merits reproof.

It is not intended to throw unmitigated ridicule on either of the various systems of medicine, as such an act would justly incur the charge of ignorance and folly on the one hand, and a narrow-minded self-conceit on the other; but, it is time the world at large should know that the views of the regular or old school practitioner are not contracted, but as broad as the extended limits allotted to the play of the sun-beam, and as liberal as the light afforded by the grand majestic orb of day. But, enough. I will quit at this, and request the commentator to make more clear his position, for it is not suppposed that he intended that it should be understood he accepted the appellation "allopathy," as an appropriate title to himself, and to the profession in which he claims membership.

Wm. C. Crooks, M. D.

529 *South 13th street, Phil'a, Penn'a,* 1-26-'71.

[The commentator above referred to is most decidedly of the opinion that under the term "allopathic," the learned judge, (however incorrectly), referred to "regulars." And in spite of the arguments of Dr. C., the commentator also continues to believe that he only is a quack who practices on a system which he believes at heart to be false, or he who makes capital of human suffering, or he who pretends to know what he does not know, "a boastful pretender to medical skill, which he does not possess," (as Noah Webster has it), and *not* the honest homœopath, or eclectic, or hydropath.]

Treatment of Varicose Ulcers.

Eds. Med. and Surg. Reporter:

I desire to call the attention of your professional readers to the virtues of *wicopy*, (*Dirca palustus*) in the treatment of varicose ulcers. My first knowledge of its application was some three years ago. I had a patient with ulcers on the leg of six months standing, which proved intractable to the usual remedies; and during one of my visits, a neighbor who chanced to be present, urged its trial with so much assurance and vehemence that I was persuaded to consent to its being applied, and with a speedy result that quite surprised me. I have since tested it in quite a number of cases with the same beneficial result. My *manner* of preparing it is, after having removed the outer bark, to scrape off the inner bark with a dull knife, by which it is rendered fine and soft. A portion of this is then made into a poultice with boiling water, and applied to the ulcer, and allowed to remain twenty-four hours, and to be replaced every day, if necessary, in consequence of the abundance of pus, until the ulcer heals, which generally takes place in from two to four weeks.

The poultice should not be made too moist, and sufficiently large to absorb the secretions; for aside from the specific action which this bark seems to exert, the fine shreds, by their capillary attraction,

remove the superabundant pus with more exquisite care than it can be done with sponges, soap, and water, etc. In a country practice, of course, I have not had the opportunity of trying it in such aggravated cases as are constantly met with in city hospitals in the persons of broken down debauchees; but in all my cases it has worked uniformly well, and I can recommend it to the profession in the full confidence hat in a great majority of cases it will prove effectual. Constitutional treatment, such as cit. iron and quinine, and especially opium, should not be neglected in old cases, but in recent ones no other treatment will be found necessary.

I trust that some of my professional brethren will give it a fair trial and report the result through the REPORTER for the benefit of the afflicted. The shrub, or rather tree, (as it grows in this vicinity) is known in different localities by various names as, *leatherwood, moosewood, rope bark, etc.*

GEO. D. STANTON, M. D.

Stonington, Conn., Jan. 23, 1871.

NEWS AND MISCELLANY.

Medical Society of Alleghany County Pa.

At the recent annual meeting of this society, the following officers were elected for 1871.

Drs. E. A. Wood, President; Jas. McCann, Vice President; W. H. Daly, Recording Secretary; W. H. McKelvey, Assistant Recording Secretary; B. C. Jillson, Corresponding Secretary; N. McDonald, Treasurer; S. N. Benham, censor.

Delegates were elected to the American Medical Association and to the Pennsylvania State Medical Society.

Would Not Accept the Honor.

The Prussian iron cross with a white ribbon, which is bestowed upon non-combatants who have done great service on the field of battle, was sent to the Chief Surgeon of the Saxon Army Corps, and rejected by him, with the remark that in consideration of the perilous nature of the services, he felt himself as much entitled to the iron cross with the black and white ribbon as any soldier of them all.

—— The State Board of Charities of this State recommend an appropriation by the Legislature of $25,000 to the Pennsylvania Institution for Feeble Minded Children, located at Media, for the maintenance and education of 100 imbecile children. This excellent institution is doing great good under the efficient management of its superintendent, Dr. ISAAC N. KERLIN.

—— It is related of an aged physician who died in New Hampshire recently, that when, after completing his medical studies, he started out to locate hi profession, he let his horse decide the doubtful question by the road it chanced to take.

QUERIES AND REPLIES.

Dr. F. S. C. G., Indiana.—The price of the *Gynæcological Journal* having been raised to $5, from January 1, 1871, the price of the REPORTER and that journal together is $9.

Dr. R. K., Mississippi.—The price of the REPORTER and *American Agriculturist* together, one year, is $6.

WORDS OF ENCOURAGEMENT.

Dr. S. L. R., Tenn., writes: "Times are very hard down here, and I try to persuade myself to do without journals one season, and therefore drop all but yours. To be without them would be to abandon progressive medicine. You have certainly the best journals in the world, and so long as I can raise $8 a year, I must take them."

OBITUARY.

DR. JOSEPH A. McCUNE.

Nov. 27th, at his residence in Greenup county, Kentucky, near Portsmouth, Ohio, Dr. Joseph Andre McCune, in the 59th year of his age.

At a called meeting of the Scioto County, Ohio, Medical Society, the following resolutions upon the decease of their brother and co-laborer, J. A. McCune, M. D., were presented and adopted:

WHEREAS, It has pleased the Giver of mortal and eternal life to call unto himself his good and faithful servant, Joseph A. McCune; and, whereas, it is a natural desire among men to sympathize with those who are in affliction, and to mourn with those who weep; therefore,

Resolved, That in Dr. J. A. McCune our Society recognized an eminent and learned practitioner, a great and useful benefactor of humanity, and a devoted disciple of the great Physician, our Saviour Jesus Christ.

Resolved, That in acknowledging the excellence of him who is gone, and in honoring his memory, we would tender to his family in their sorrow, our respectful sympathy.

J. B. BING,
C. M. FITCH,
M. S. PIXLEY.
Committee.

MARRIED.

CAMPBELL—MATCHETT.—Jan. 9th, at the residence of the bride's father, by Rev. D. B. Wilson, J. Campbell, M. D., and Miss Josie Matchett, both of Alleghany City, Pa.

HAINES—WOOLSTEN.—In this city, Feb. 2d, at the residence of W. H. R. Neil, 1300 North Eleventh street, by the Rev. W. C. Robinson, William C. Haines and C. Louisa Woolston, daughter of Dr. Samuel Woolston, of Vincentown, N. J.

DIED.

BETHELY.—On the 12th inst., of whooping cough, Mary Imogene, aged two years, only daughter of Dr. E. T. Bethely, of Wilkesbarre, Pa.

ELLIOT.—Suddenly, in New York, Jan. 29th, George T. Elliot, M. D., in the 44th year of his age.

SCHENCK.—In this city, Jan. 30th, P. Howard, son of Dr. J. H. and Catharine Schenck, in the 28th year of his age.

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Original Department.

Communications.

SCARLET FEVER AND DIPHTHERIA —THE USE OF ICE AND COLD WATER AS REMEDIES.

By Hiram Corson, M. D.,

Of Norristown, Pa.

(*Continued from page* 122.)

TREATMENT.

In the year 1833 I first gave ice water as drink in scarlet fever, with great comfort to the patient, and thought the practice peculiar to myself; but afterwards saw in the May and August numbers of the *American Journal of the Medical Sciences*, the communications of Dr. Samuel Jackson, of Northumberland. Encouraged by his success, I prepared myself to go further and try the cold *externally*, when a case occurred in the practice of a neighboring physician, which so alarmed the people that I could not use cold applications for a considerable time. The physician had applied turpentine on the neck of a young lady ill with scarlet fever. Soon a violent inflammation spread over the neck and side of the face. To relieve this he applied cloths wet with cold lead-water. The patient lived but a short time, and the death was charged on the cold water, and not on the disease and turpentine. From 1833 to 1838 we had occasional visitations of scarlet fever, and from 1838 till 1844 we had the disease with us every year. With the exception of using ice water for drink, and occasionally pouring cold water on the head, while all other physicians in the county used warm drinks and warm applications, my treatment was the same as that used by others, until August, 1844, when, breaking away from the trammels imposed upon me by the authorities in medicine, and listening to the voice of reason and the instincts of nature, I began a mode of treatment, which is detailed in a letter addressed to Dr. John Forsyth Meigs, and by him published on page 480 of his work on the diseases of children. As many persons may not have ready access to that work, allow me to repeat here the history of my first case, on the success of which hung the fate of hundreds of children. I was called to a child of eight months, who had been sick two days. There was great swelling of the glands on both sides of the neck, hot skin, frequent pulse, but no eruption; slight discharge from the nose, tonsils not readily seen, and drinks came back through the nose sometimes. It could not take more than one draw at the breast without dropping the nipple, because of the obstruction in the nostrils impeding respiration when the mouth was closed. I stated to the mother that I had never saved a child of that age and in that condition, and recommended *ice internally and externally*, with cold water to the head. I could urge nothing on the score of experience; but she agreed. Lumps of ice were folded in linen cloths and held night and day on the sides of the neck, while a small, thin piece, inclosed in white gauze, was held in the mouth. In less than three hours improvement was manifest in the ability to swallow. The swelling of the glands, the heat of skin and frequency of pulse all regularly diminished, and in two days the child could nurse well and was out of danger. From that time I continued the ice internally and externally to the throat; in some cases poured cold water on the head in great quantities, sponged the body all over with ice water; in others, and during the whole of the next winter, in about one hundred cases, continued the treatment

in degrees proportioned to their mildness or severity, and *without the loss of a single patient thus treated.*

As I am not willing to describe here the treatment of scarlet fever by the use of ice and ice water, without placing in the front of the picture my lamented friend Dr. Jackson, of Northumberland, to whom we owe this improved treatment, allow me to re-produce here my notice of his use of those remedies, published by myself in the Transactions of 1864.

Dr. Jackson's first account of his use of ice *internally* was written in 1832. His own daughter, of eleven years of age, was the patient. He tried nitrate of silver and other gargles, but was dissatisfied with them. Hear him: "I soon became dissatisfied with the use of stimulants to parts so highly inflamed. My anxiety on this point became intense, for I was possessed of the opinion that on the *speedy improvement of the local disease* depended the fate of my child—cold water she desired above all things." Poor child! she knew nothing about medicine as a science; but her instincts, if not her reason, impelled her to seek for something to cool her burning throat; and most fortunate was it for her, that he to whom she applied was her father, whose sympathies, if not his judgment, inclined him to indulge his child. It seems a little matter now to give a child a drink of cold water in measles or scarlet fever; but at that time a mighty responsibility rested on him who had the daring to do it. He gave it; and what was the result? Hear him again: "She drank the coldest ice water, and held ice in her mouth; and now for the first time, the fourth day of her disease, I was satisfied with my prescription, and she was advised to drink freely of ice water and to use the ice. The good effects were immediate, surprising, incredible, and almost divine! Within a few hours the pulse was reduced from 160 to 120, the circumscribed crimson disappeared from her cheeks, the extremities became warm as the fauces became cooled; the whole countenance was changed; the typhus distress left it, and something of the vivacity of common fever supervened. No other remedy was thenceforward used, except some laxatives, and in three days from the time the ice was tried there was no fever left, nor any sign of inflammation in the fauces." Was ever remedy more successful? Could greater praise be accorded to any means of cure?

In August of the same year (1833) Dr. Jackson published another letter in the *Journal*, in which he says: "I have had ample opportunities for testing the remedy. In more than forty cases I have found it highly useful, and *without it I am certain more than one-half would have been lost.*" What? twenty children saved by this in a single winter! Who would not envy him who in a whole life time had saved twenty children from death, and that by means so agreeable? He directs "that the patient hold it almost constantly to the mouth, and swallow the solution; but if he be not old enough to rest on his guard against swallowing the undissolved lump, it may be inclosed in a gauze bag. If the fever be high he may swallow small portions of it undissolved. If too young to manage ice, we inject the coldest solution of it into the throat very frequently, and in these cases pounded ice may be swallowed very frequently if there is much fever. I have often thought of using ice *externally*, but somehow the only favorable opportunities of trying this method have been suffered to pass unimproved." Again he says: "Much will depend on the incessant use of it night and day, until the inflammation has evidently yielded. We used it freely in cynanche tonsillaris, and in one case of *aphthous* sore throat, with great advantage. The comfort too was as great as its utility. A child eight years old was delirious in the cynanche maligna, and the ice could not be used. During all the time, day and night, she swallowed not one teaspoonful of anything whatever, but was incessantly occupied unless when she might dose for a few minutes, in washing out her mouth with ice water, and to this must be attributed her safety." Dr. Jackson was also in the habit of *pouring* cold water freely on the head in some cases. He concludes his paper by speaking of an epidemic scarlet fever which prevailed in his region and destroyed many patients not treated by the *new remedies*, as he called the ice and chloride of soda, and cold effusions on the head, while not one died of the many attended by himself. After several years further experience with the remedy, Dr. Jackson published, in the May number of the *Journal* for 1838, a most valuable paper on the use of "Ice and Chloride of Soda in Scarlet Fever," in which he reiterates his confidence in the use of ice in that disease. In confirmation

of his own views he publishes several letters addressed to him by physicians who had been induced by his success to try his remedy—the ice. I will quote here only the parts which bear on this subject.

Dr. MAGILL, of Danville, wrote: "In the early part of this disease it has effected more in my hands than all other remedies in counteracting the tendency to inflammation, and, from its soothing and grateful effects on the painful throat, it is unceasingly solicited."

Dr. RODRIGUE, of Sunbury, said: "I think it my duty to communicate to you the result of my treatment of *putrid sore throat*, especially as I am indebted to you for the principles of the course pursued."

Then, after some general remarks in relation to the treatment of more than 130 cases of the worst form of the disease, which occurred in a single winter, he says: "But my chief dependence was upon ice or ice water constantly administered, either by holding the ice in the mouth or by giving ice water. The grateful feeling produced and the marked benefit always derived from its use compels me to acknowledge my entire confidence in its power over this dreadful disease."

Dr. J. R. LOTZ, of New Berlin, wrote: "I do not recollect an instance of ulcerated sore throat occurring wherein ice was diligently applied. It is my decided conviction that ice in scarlatina is the most useful article in the whole catalogue of remedies. I have also used it in common inflammation of the throat, and always with decided advantage." Is it not passing strange that in the late works of GAILLARD, THOMAS, FARMER, FLINT, AITKEN, all published within two or three years, no notice of this most valuable treatment is to be found? And is it not still more strange that in the recent valuable work of Drs. MEIGS and PEPPER, now in the hands of almost every student, there is not a word referring to it, though Dr. JACKSON was an eminent Philadelphian, their neighbor and friend, a prominent member of the College of Physicians, and above all these, a learned, reliable, and conscientious physician? Why should they quote CURRIE, RILLIET, BARTHEZ and others, and ignore altogether one their inferior in nothing? To supply the hundreds of young doctors about to spread over the States as physicians this testimony of Dr. Jackson and his friends, this paper has been written.

I have been thus careful to give a fair account of the papers of Dr. Jackson, for, if he was not the first man to use ice and ice-water internally in scarlet fever, he was the very first to publish his practice, so far as my knowledge extends. Mark! all this high praise of his is given to the *internal* use of ice and cold water. He never used it *externally*. It is now more than twenty-six years since I began to use ice *externally*, as well as internally, with a view to allay the inflammation of the throat and external glands of the part, often so exceedingly swelled in this affection; and now, after this long experience in the use of these agents, treating scores and scores of patients, I am most happy to be able to say that I always use it with the utmost confidence and success, in every variety of sore throat, from the severest cynanche maligna down through the scarlatina anginosa, diphtheria, croup, laryngitis and pharyngitis, and without ever having seen the least injury from its use, but on the contrary regard it as the means above all others of comfort and safety to the patient. I use it in all of them for the same purpose, namely, to allay a local inflammation by applying to the heated and inflamed part a body so cold that the vessels will feel its chilling influence and the rushing currents of heated fluid within them be repelled. I cannot now refer to the hundreds of cases which I have treated since 1844, but will merely introduce a few to illustrate my mode of treatment and show its success.

In 1860, in a small village, 14 cases occurred in September, of whom nine fell to me, three to another, and two to a third. Of mine, three were women and six children. The others were all children, and the three attended by one of the doctors were all in one house, and separated only by a partition from two of mine. His three all died—mine all got well.

The two attended by the other physician, (one who reported in favor of ice in the treatment of scarlet fever), both got well. It seems invidious thus to speak of one's practice and compare it with others; but as it is not skill, nor knowledge, nor judgment that we laud, but means of cure, we may be excused, even if there be no other reason for referring to the mode of treatment. How then did I treat them? I found some in which the throat affection was most severe; others in which the brain most suffered. The treatment consisted simply in applying ice to the neck externally, and ice or ice water inter-

nally to the tonsils, sponging the body with cool or cold water, according to the heat of surface. For the affections of the brain I poured cold water from a height of a few feet on the head for several minutes at a time, and repeated it every quarter or half hour, until relief was obtained. And thus the disease was held in check until its course was run. Such was my treatment; but it was done with a bold hand, never restrained by thoughts of repelled eruptions, nor transfers to the brain, nor fears that the eruption would not come out.

The indications for treatment in diphtheria are the same as in scarlet fever, and with me the remedies. In the winter of 1863-4, a few cases occurred of which I will speak. A young lady, teacher of a select school, was attacked with a sore throat, but managed to continue in the school, and for two or three days relieved her throat by often taking cold water into her mouth and holding it for a short time in the fauces. In a few days ten of the children, between the ages of eight and thirteen, were ill with diphtheria. They were all severe cases in their beginning, the tonsils being heavily and extensively covered with the membrane; glands under the jaw swelled; fever; difficulty of swallowing, and inability to lie down without a sense of suffocation appearing very early. They were all treated by the free use of ice, or ice-water, internally, to cool the mouth and throat, and by the free and steady application of ice to the sides of the neck; some chlorate potash. through the day, and anodyne at night, and a laxative when needed filled up the treatment. Thus treated (without bacon or heating liniments externally to the neck, or swabbing or burning the throat with caustics) my patients, some of whom had been sitting up at night for fear of choking, soon began to get relief; the inflammation of tonsils and external glands speedily subsided, and in a few days the danger was at an end. They all recovered with great facility.

Do you say they were mild cases? They were indeed rendered mild by the treatment. The old mode of treatment irritates still more the inflamed and burning throat and inflamed and swelled glands, hastens the spread of the disease to the larynx, nares and Eustachian tube, obstructing respiration and causing death; while mine subdues the inflammation by its purely sedative effect on the local disease. It drove out the blood from the swelled glands, from the thickened mucous membrane of the nares, and prevented the extension of the diphtheritic membrane to the rima glottidis. It is this prevention of the extension of the membrane—this saying to the inflammation, "no further shalt thou go"—that is the great charm of the treatment. Even if the membrane have already invaded the windpipe I think the speedy reduction of the inflammation may save the patient. For I lay it down as a fact often observed on the tonsils, that just in proportion to the quickness with which the inflammation is reduced will the membrane be *contracted in size and loosed from the parts beneath.*

How often have I seen physicians giving one grain of iodide potassium every hour, or one quarter grain calomel every three hours, in order to *loosen* the *membrane*, so that it might be expelled by vomiting and thus the child be saved! One hour of the ice treatment is worth a week of calomel or iodide to effect the object. Only those who have seen this treatment can believe how quickly it ceases to extend, and how speedily that which is already formed begins to be cast off. I repeat, then that my cases were rendered mild by the treatment. Dr. CONDIE, as already quoted, when speaking of the cold infusion, said: "It has even been said that early applied it has cut short the disease;" and Dr. BURNS: "By the cold infusion or sponging, I have known the disease cut short at once." If cold infusion alone could cut short the disease, surely that remedy, aided by ice and ice water to the inflamed parts, might prevent further progress.

But I believe they were dangerous cases, because they bore that appearance, and further, because the tenth one, a lovely girl of 13 years of age, attended by an irregular practitioner, who directed infusions of cayenne pepper internally, poultices externally to the neck, and galvanism to the head, lived but three days, dying in that time from extension of the membrane into the windpipe, in all the agony of death from croup. In 1867 I made the following report of my cases before May: I have attended 42 cases of scarlet fever since February. On most of these children a copious eruption appeared. Some of them, from being kept too warm at the beginning of their illness, were literally scorched on the surface, the scarf-skin coming off in flakes as they convalesced. In the most careful exam-

ination of their throats, both by myself and others, not the least difference could be perceived between the exudation, or membrane, on the tonsils and uvula in these cases, and in the cases of diphtheria of like severity.

In all these cases ice was applied night and day to the outside of the neck, over the inflamed glands; the bowels were kept in a laxative state by mild purgatives, and chlo. pot. or mur. tinct. iron well diluted, used internally. No gargles, no caustic, no swabbing out of throat. The treatment was pleasant to the children, not onerous to the nurses or parents, and gratifying to all of us, inasmuch as they all recovered, save one, a very neglected child. Milk was given in all cases as food, very freely. It seemed to be sufficient to support the strength without brandy or whisky, which were not given in a single instance. I omitted to say that in all the cases I directed the free use of ice-cream. It was grateful to the children, by relieving the great heat of the fauces, while at the same time it nourished the body.

[*To be Continued.*]

ON THE INDUCTION OF LOCAL ANÆSTHESIA IN LABOR BY THE USE OF CARBONIC ACID GAS.

By Theodore A. Démmé, M. D.,

Of Philadelphia.

The attention of the medical profession has been repeatedly drawn to the efficacy of carbonic acid gas as a local anæsthetic agent. In 1835 Dr. Dewees, of Philadelphia, in his "Treatise on the Diseases of Females," observes: "We have enabled several patients to derive much comfort as well as temporary relief from the extrication of carbonic acid gas within the cavity of the vagina, by means of a flexible tube of sufficient length and size, attached to the mouth of a bottle in which there is mixed diluted sulphuric acid and the carbonate of lime. This may be introduced into the vagina several times in the twenty-four hours. In two or three instances this substance has relieved the severity of the pain whenever it was employed in cases of carcinoma uteri.

In volume XXII of the *American Journal of Medical Science*, reference is made to the investigations of Prof. Mojon, of Geneva, who recommended the local application o this gas in painful menstruation or dysmenorrhœa. The professor employed the injection of carbonic acid gas into the vagina in a great number of instances, and states that the pain was almost invariably instantly relieved.

Dr. Pareira, in the second edition of his work on materia medica, describes a case in which carbonic acid gas acted speedily and beneficially as a local sedative in uterine pain, the case of an English lady, who visited Italy to consult Dr. Rossi. This patient obtained immediate relief from the application of the gas, made by the doctor in his office; and although she had been obliged to be carried to the physician's house, on account of the pain experienced in walking, she left it in perfect ease.

The late Prof. Simpson, of Edinburgh, had his attention directed to the use of carbonic acid gas by the above case, recorded by Prof. Pareira, and made numerous applications of the gas to the mucous membrane of the vagina and cervix uteri, in different painful conditions of the uterus and surrounding parts, and states that although it failed in some instances to afford the expected relief, it had in others afforded great and occasional instantaneous benefit.

The eminent Professor of Obstetrics in Vienna, Scanzoni, not only recognized the great virtues of this agent, but introduced it extensively in private and hospital practice, and in many instances with marvelous success.

In the number of The Med. and Surg. Reporter for February 26th, 1859, I published a paper recording a series of experiments and observations in regard to the properties of carbonic acid gas, in the hope of introducing this valuable anodyne into use in several painful conditions and affections.

The inconvenience attending the employment of a remedial agent in the gaseous form, and the possibility of afforing relief in many of the affections in which its use was recommended, by means equally efficacious and decidedly less cumbersome, have prevented any extensive use of this agent. It is however the object of this paper to bring before the medical profession the record of a number of cases in which carbonic acid gas has proven to be of inestimable value, and not only in relieving intense agony and suffering, but even in saving life, when all other means would probably have failed.

Case I.—In December of last year, I received an urgent call to wait upon a lady who, it was stated, was in labor, and had been in convulsions for several hours. Upon arriving at the house, I was informed by the midwife having the patient in charge, that she had been in labor over twenty hours; the bag of waters had ruptured almost at the commencement of labor, and although the pains were frequent and excessively severe, the mouth of the womb had scarcely dilated any during the last ten hours, and that she was about to request the attendance of a physician when convulsions came on. I recognized at a glance that I had before me a terrible case of eclampsia or puerperal convulsions. The patient was lying in a totally unconscious condition, and at short intervals would be seized by a spasm, convulsing every muscle of the body; jerking violently the head to one side, and at the same time bending the body backward as if the head and heels were to approach one another; the features were distorted; the throat and face tumid and purple, and the eyes rolled up in the orbits—seemed as if they would start from their sockets. Upon examination I found the os uteri dilated to about the size of a half dollar piece, and extremely hard and rigid. This rigidity continued not only during the pain, but in the intervals there was in fact a constant spasmodic rigidity. The commencement of a pain and the onset of a convulsion were almost simultaneous, it appearing as if the pressure of the child's head upon the irritable and sensitive os was the direct cause of the eclampsia.

The indication was undoubtedly to dilate the os uteri and deliver; but every attempt at forcible dilatation aggravated the symptoms, and I therefore bled the patient freely from the arm, in the hope of promoting the relaxation of the spasmodically contracted muscles; but although I controlled the arterial circulation and reduced the volume and frequency of the pulse, I found that even excessive blood-letting had no effect upon the rigid os. The idea then flashed upon my mind of using the carbonic acid gas. After a delay of fifteen minutes consumed in procuring the apparatus, I applied the gas to the uterus. When the douche had been continued for about five minutes, it was evident that some change had been produced, for the patient remained quiet, and no convulsive movement took place. A few minutes more the anxious family, startled by the great change that had occurred in the behavior of the patient, imagined that she was dying, and only the regular beating of the pulse assured me that such was not the case. Fifteen minutes after the application of the gas there was a slight tremor of the body, when I again carried the gas tube into the vagina, and in so doing examined the womb, and to my astonishment and great satisfaction found the os not only no longer rigid, but fully dilated, and the head about passing the superior strait. I immediately applied the forceps and delivered. The patient, after remaining unconscious for several hours, suddenly awoke as if from a sleep, and asked for a glass of water. Convalescence proceeded favorably.

In this case we had a revelation of the power of carbonic acid gas as an anæsthetic agent over an extremely sensitive and irritable os uteri, controlling rigidity without any apparent interference with the contractile or expulsive efforts of the uterus.

Case II.—January 3, 1871. Mrs. D.; primipara. When called to the patient labor had been in progress about two hours. The pains were excessively severe and frequent. The patient was nervous and extremely irritable, allowing neither herself nor those surrounding her any rest. Per vaginam examination gave little hope of a speedy termination. The os uteri was dilated about one half, the edges dry, hot and cold-like. After waiting thirty minutes and perceiving little or no progress, I determined to use the carbonic acid douche. The patient having been assured that she would receive relief, offered no opposition to the application. After the gas had been allowed to act upon the mucous membranes for five minutes, the entire demeanor of the patient was changed. The demonstrations of suffering, impatience and irritability were succeeded by a calm so complete that it seemed as if the labor had been suddenly arrested. The douche was repeated in ten minutes, and the observation made that whilst the patient asserted that she felt no pain, the bag of waters was pressing firmly upon the now rapidly yielding os. In exactly fifteen minutes from the termination of the first douche, the dilatation being almost complete, I ruptured the bag of waters and almost immediately perceived the head entering the pelvis. Five minutes after the escape of the water the third application of the gas was made. The head

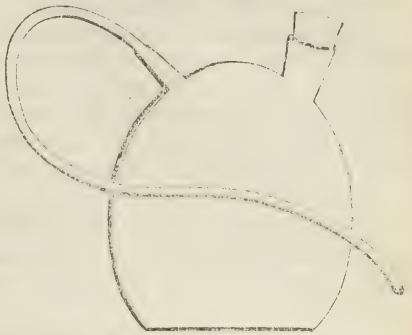
had now entered the pelvic cavity and was pressing upon the perineum. The patient at this time, in answer to the questions, stated "that she felt no pain;" "did not feel the head at all." In fact, did not believe she was to have a child. Very shortly after, however, the relief from suffering ceased, and the passage of the inferior straight was accomplished with all the usual symptoms of pain. The further progress of the case presented no particular features. I suggested to the mother to call her fine, healthy boy, Carbonic Davis; but although grateful for the benefit that the carbonic had conferred upon her, she preferred another name.

CASE III.—January 4, 1871; Mrs. D., æt 37; second confinement; thirteen years elapsing since the birth of the first child. When engaged to attend this lady I anticipated a difficult labor, in consequence of the great length of time that had passed since the birth of the first child. Such was, however, not the case. Being called to the patient at 9 A. M., I was enabled to leave the house at 11:15 A. M., the mother lying comfortably in bed and the nurse dressing the new born babe.

In this case I made four applications of the gas, at ten minutes intervals, during the first (or dilating) stage of the labor, with the effect of greatly ameliorating, but not entirely relieving the sufferings, the patient complaining from the very commencement of labor of pain in the back and of cramps in the limbs.

CASE IV.—January 21, 1871; Mrs. E., primipara. The gas douche applied every ten minutes, with the effect of relieving the pain in so marked a manner that it was with difficulty that I could convince the mother and nurse that I had not stopped the labor. Indeed, it was only when the sufferings became intensified, as the head pressed upon the rigid perineum, that they again had faith. In this case the gas injection was applied four times, at intervals of ten minutes. The mother and child at the time of this writing are both doing well.

Apparatus and Mode of Application.—For all practical purposes, a common pint bottle, having attached an elastic tube about three feet in length, will answer; but as this contrivance is somewhat unhandy, I had made by Mr. Thornley, manufacturer of India rubber goods, an India rubber bag with two openings, the one to serve for attachment of the tubing, the other for the introduction of the materials used in generating the gas. This opening is closed by a properly fitting cork.



Mr. Thornley has kindly consented to keep a supply of "The Carbonic Acid Gas Bag" on hand.

The materials used for generating the gas are the bicarbonate of soda and tartaric acid; the latter preferable in a granular or crystalline condition, so as to prevent the too rapid disengagement of the gas. The materials should be preferred to the hydrochloric acid and marble, referred to by Dr. DEWEES, as the gas in its rapid disengagement might carry over more or less of the powerful muriatic acid, and thereby injure the mucous surfaces with which it may be brought into contact.

The quantity of the bicarbonate and tartaric acid necessary to give what I have designated a douche, is about one-half ounce of each. In making the application it is advisable to first pour into the bottle or bag three or four ounces of water, then introduce the bicarbonate, and last the acid. In making the second douche, again introduce the bicarbonate, followed by the tartaric acid; it is not necessary to renew the water; prior to making the next application, however, the apparatus should be emptied and a fresh supply of water introduced.

There are certain precautions to be observed in applying this agent. It must be remembered that one of the most powerful sedatives is being experimentally tried, and the condition of the mother must be carefully watched. The pulse and respirations should be frequently examined, and particular care given to furnish a free supply of air to the respiratory organs. The head of the patient should be somewhat elevated upon pillows, and not allowed, as is often done in the ordinary management of labor, to be buried deep in the bed. In all the cases in which I have used this ano

dyne I have not noticed any effect upon the general condition of the patient; but my experience in its application is limited and can not serve as a guide in all future cases.

The possible danger of hemorrhage should be borne in mind, for this agent, whilst removing pain and promoting dilatation of the os uteri, might be a cause of flooding by delaying contraction. Were such an emergency to occur, recourse would be had to those means which promote the contraction of the womb, such as manipulation upon the abdominal wall, the introduction of ice, or, if necessary, vinegar or lemon juice into the cavity of the uterus.

As soon as the child is born it should be removed from beneath the bed-clothing, and not allowed to lie in the atmosphere of carbonic acid gas immediately surrounding the patient's body.

In conclusion, I would urge upon my medical brethren to give this agent a fair trial, and to report their experience. The number of cases in which I have used the gas is too limited to form a proper estimate of its value. Nevertheless, in cases of rigid, unyielding, irritable os uteri, I regard it as a boon, relieving the suffering and expediting the labor.

CASE OF TRIPLE FRACTURE OF THE LOWER JAW.

By T. Curtis Smith, M. D.,

Of Middleport, O.

On the 5th of Sept., 1865, I was called to see Mr. G., æt. 69; farmer; healthy; of steady, good habits, and considering his age, robust. Six days previous to my first visit, while grinding cane, the lever to which the horse was attached caught against the left side of his head, on a line corresponding with the inferior margin of the jaw and point of the mastoid process of the temporal bone. The right side of his head was carried against the sharp corner of the solid frame work of the grinder, on a line corresponding exactly with the one on the left side. As the lever passed over his head, it produced fracture of the inferior maxilla at the symphysis, and a fracture in each lateral half, about eight lines anterior to the angles of the jaw. It also tore off the left ear and the integument and fascia to the margin of the calvaria. It was seen the same day by a physician in good standing, and of many years' experience, who pronounced it a fatal injury, he diagnosing "fracture of the skull." Left it without treatment of any description. Hence, the long period (six days) that elapsed before any treatment was instituted! I cleansed the wound, drew down the integument, and ordered free and frequent applications of cold water to it. Found the jaw fractured as above described, but not in the least displaced. It retained its natural situation, the fragments being in perfect apposition as long as he did not talk or attempt to eat. I put on a dressing to steady the fragments (Barton's dressing), but it was painful and heating, the temperature of the atmosphere being very high. He would not allow it to remain. Perfect union of the fragments occurred without the slightest deformity, and practically without the sign of a dressing. At the symphysis it was not solid until after four months, but near the lateral angles solid union had taken place in six weeks. He was kept on slops and fluid diet for the first eight weeks. I report the case on account of its being a triple fracture, and not recognizable by any apparent deformity as long as the mouth was kept closed; but more especially on account of such ready union without any aparatus and without deformity, and that too in an individual 69 years of age. The other injuries healed kindly, leaving off, of course, the whole external left ear, but not injuring the hearing.

Our authorities report some cases of double and triple fracture of the lower jaw. Hamilton reports eleven cases of double and triple fractures. Of these, three were triple fractures, two of them resembling my own case. He also reports the case of an "Irish laborer, æt. 17 years, who was thrown from a wagon, breaking the inferior maxilla on both sides through the body, and, also, exactly in the centre, vertically between the central incisors." With this case he seems to have had great difficulty in securing and retaining the fragments in perfect apposition. He also mentions a case recorded by Howzelot, "in which a fall from a height produced, at the same time, a fracture of both condyles, of both coronoid processes, and of the symphysis," making five fractures in the same maxilla. In my case the symphysis fracture was vertical, the two lateral oblique. The fragments were evidently held in apposition by the muscular attachments being such as to balance the fragments equally.

Hospital Reports.

COLLEGE OF PHYSICIANS AND SURGEONS.

DISEASES OF WOMEN.

Clinic of Prof. T. G. Thomas.

February 3, 1871.

Ovariotomy—Result.

Dr. Thomas presented the ovarian cyst he removed from the patient in the new "Strangers' Hospital." The point of interest in the case was that the tumor was covered by an apron of peritoneum. This was partly shown in the specimen.

On first examining the pedicle, it was too large to be enclosed in a clamp, but on cutting into the peritoneal envelope and enucleating, the proper pedicle was not larger than the finger.

In the operation, which lasted an hour and a half, much blood escaped into the peritoneum. At the time the prognosis was exceedingly bad, but in two weeks patient got well without an unfavorable symptom. Although both ovaries were removed, the patient menstruated in five days, but Dr. T. was of the opinion that it would be the last time.

Malignant Disease of the Bladder.

Mrs. B.; æt. 35; married 19 years; sterile. For six years has been sick, complaining of pain in lower part of body. After passing water notices a white discharge smelling like urine. This dribbles away nearly all day long. Is constipated; but when her bowels move blood comes away from her bladder. Is sure it does not come from the front passage.

Vaginal examination shows a tumor extending posteriorily to the urethra, and extending from the meatus to the cervix is a hard ridge. The urethra itself is so much destroyed that it will permit the introduction of the finger for one inch.

The diagnosis is malignant disease of the bladder, but the uterus and vagina are normal.

Treatment must of course be palliative, as in all cases where carcinoma occurs.

Sterility—Proposed Operation.

Mrs. G.; married five years; sterile. Patient comes to clinic merely for the relief of sterility. On making a vaginal examination a fibroid is detected on the anterior wall; but the only cause of sterility to be found is the long cervix.

The patient might use a sponge tent once every week, but the most satisfactory operation will be amputation of the posterior lip of the cervix, as suggested by Dr. Nott.

Suspected Tumor of Uterus with Pedicle.

Mrs. B., æt. 22; married 11 months. For the last six months has been suffering with nausea; pain in the back at time of her periods; has also the whites. Vaginal examination reveals a tumor in the median line, at first thought to be submucous from its globular character, but on making a more thorough examination, uterus is detected posteriorly and to the right of the mass, and upon introduction of sound it is found entirely independent of it.

This is either ovarian or uterine. Ovarian are very rarely, indeed, solid, and the strong presumption is that this is subserous, with a long pedicle. The case will be kept under notice, and will be reported on from time to time.

Medical Societies.

NEW YORK STATE MEDICAL SOCIETY.

The sixty-fourth annual meeting of this Society was held last week at the City Hall, in Albany, N. Y. A large number of delegates were present from all parts of the State, including the most distinguished members of the profession. At the opening session, after prayer by Rev. Dr. Clark, Dr. S. Oakley Vanderpoel, President, delivered the inaugural address. It was an able production, and was listened to with marked attention.

On motion of Dr. Didamus, the several subjects referred to in the address were referred to appropriate committees.

The President announced the following committees:

On Credentials—Drs. Bell, Covan and McNutt.

To Extend Invitation to Governor and Members of the Legislature to Attend the Meeting of the Society—Drs. Cobb, Gray and Bozeman.

On Arrangements—Drs. Quackenbush, Bailey and Kendall.

On Publication of Papers—Drs. Hutchinson, Bacon and Orton.

On Psychology—Drs. Grey, Hyde and Banks.

On Microscopic labors in office of Surgeon-General—Drs. E. R. Hun, McFarland and Ward.

On Obituary Notices—On Dr. Platt Williams, Dr. Thos. Hun; on Dr. I. H. Reynolds, Dr. —— Reynolds; on Dr. Chas. Barrows, Dr. Hutchinson; on Dr. Edward Hall, Dr. Cummings; on Dr. Wm. B. Bibbins, Dr. E. Elliott; on Dr. Geo. T. Elliott, Dr. Fordyce Barker.

Dr. Burr, of Binghamton, then read a paper entitled "Laceration of Perineum and Bladder, with introduction of pieces of wood, formation of calculi and operation."

Dr. Lewis A. Sayre, of New York, followed with a paper entitled "Two cases of luxation of the elbow backward."

Doctors McIlvaine and Reed, of Ohio, were then introduced to the society, and made short addresses

giving some facts in regard to the Ohio State Medical Society.

The next paper was read by Dr. Jewett, entitled, "Puerperal Eclampsia." Remarks on the paper were made, and its subject discussed by Drs. Quackenbush, Kneeland, Frazer and Sherman.

On motion, a number of members of the medical profession present, not members of the State Society, were invited to honorary seats during the annual meeting.

Dr. Vanderpoel, President, then extended an invitation to the members of the Society and their invited guests, to enjoy his hospitalities to-morrow evening.

Dr. Granger, of Pennsylvania, was then introduced to the Society, and invited to participate in its deliberations.

Recess until 3 P. M.

AFTERNOON SESSION.

The Society met pursuant to adjournment at 3 P. M., in the Lecture Room of the Young Men's Association on State street.

The reading of the minutes was deferred to the morning of each day.

The President announced for the Committee on Nominations:

1st District—Dr. John G. Adams,
2d " Dr. R. Loughram.
3d " Dr. J. R. Boulware.
4th " Dr. Francis Burdick.
5th " Dr. John R. Gray.
6th " Dr. H. K. Bellows.
7th " Dr. H. D. Didamus.
8th " Dr. Thomas F. Rochester.

Dr. Quackenbush, Chairman of the Committee on Arrangements, proposed the names of several gentlemen as invited members. They were invited to participate in the deliberations of the Society.

Dr. Orton presented a communication from the Brown county Medical Society:

The following resolution was unanimously adopted at the annual meeting of the Broome county Medical Society, held in the city of Binghamton, on the 4th of October, 1870:

Resolved, That in the judgment of this Society the annual election by the State Society of permanent members for the several Senatorial Districts is exclusively due to those physicians eligible, who are residents of the Districts for which such election is made, and that to elect as permanent members of the State Society for one District any person residing in another, is an infringement of the rights and privileges of those who are eligible for permanent membership in such District.

On motion, it was laid on the table for the present.

Dr. Lansing, the Treasurer, made his report. It was referred to an auditing committee, consisting of Drs. Sherman, Saunders and Doolittle.

Dr. Rochester, chairman of the Committee on Prize Essays, read his report.

The Merritt H. Cash prize was awarded to Dr. S. Fleet Speir, of Brooklyn, for the essay entitled "The Artery Constrictor," designed for the instantaneous hermetic closing of arteries without the use of ligatures or other foreign substance to be left in the wound.

The Hiram Corliss prize was awarded to Dr. G. Durant, of New York, for his essay on "The Cause, Prevention and Cure of Tubercular Phthisis."

Dr. Bailey, the Secretary, reported the names of all the Presidents of the Society from its organization to the present time, as ordered by resolution last year.

On motion of Dr. Rochester, the President's invitation to an entertainment at his house was accepted with thanks.

Dr. E. R. Squibb reported a preamble and resolution, giving credit to Dr. Parker, of London, for an article in the volume of the transactions for 1868. Carried.

Dr. Bozeman read a paper on female diseases.

Dr. Wey read a biographical sketch of the late Dr. Thomas Cook, and a paper on *Trismus Nascentium*, by James S. Bailey, M D.

Drs. Saunders, of Otsego, and Butler, of Clinton county, sent in communications relative to permanent members of the society, which were referred to the Committee on Ethics—Drs. Orton, Dean and Doolittle. Recess.

EVENING SESSION.

At the evening session, Dr. H. D. Noyes delivered an interesting lecture upon the "Theory of Vision," illustrating his subject with the oxy-calcium light. The room was darkened, and a large canvas hung at the back of the stage, upon which the various illustrations were presented. The light stood in the centre aisle. The lecturer was most pleasing, both as to manner and matter.

The attendance was large, and the audience frequently manifested their approbation by applause.

5TH—MORNING SESSION.

The Society met this morning at nine o'clock, pursuant to adjournment. Prayer by Rev. Dr. Halley. The minutes of yesterday's proceedings read and approved. Dr. Quackenbush presented a list of invited guests. Dr. Parker read a communication from the Dutchess County Medical Society, which was referred to the Committee on Nominations. Dr. Sherman, from the Committee on Treasurer's Account, made a report, which was adopted and referred to Recording Secretary. Dr. Sherman also made report as delegate to the Vermont Medical Society. Report accepted.

Dr. Hart reported as delegate to Maine Medical Society, and supplemented his written report with some verbal statements. Report accepted. Dr.

Corliss reported as delegate to Massachusetts Medical Society; also as delegate to the Rhode Island Medical Society. On motion of Dr. Quackenbush the thanks of the Society were tendered to the delegates to sister States. Dr. Kneeland called for reconsideration of the resolution of Dr. Squibb, with reference to the paper offered in 1868 by Dr. Thoms. After some discussion the motion was lost, and the paper left in the hands of the Committee on Ethics. Communication of Dr. Bradford, as delegate to Ohio State Medical Society, accepted and referred to appropriate committee. Dr. Newman reported as delegate to Connecticut State Medical Society.

Dr. Jacobi presented a communication in regard to the mortality among children in our public, charitable and other institutions, and providing for the appointment of a committee to report on the same to this Society in 1872. The following committee was appointed: Dr. Jacobi, New York; Dr. White, Buffalo; Dr. Dean, Rochester; Dr. Thos. Hun, Albany; Dr. Hutchinson, Brooklyn.

Dr. Saunders read a resolution, which was adopted, providing that permanent members of the Society be selected from such persons as are eligible residing in the district entitled to such membership.

The report of the Committee on By-laws was read, and adopted. Also, report of Dr. Shumway, as delegate to the Ohio State Medical Society, read and referred to Publishing Committee. Business Committee presented the paper of Dr. Hyde, on Dr. Alexander Thompson. Business Committee also presented several papers to be read by title and referred to Publishing Committee.

Biographical sketch of Minturn Post, of New York, by Dr. Winslow. Obituary notice of M. C. Hasbrouck, of Nyack, by T. B. Smith.

"The radical cure of Inguinal Hernia and Ligature of the Subclavian Artery for Axillary Aneurism." "Fracture of one of the bones of the spinal column, accompanied by dislocation," with a drawing, by Dr. Williams.

Dr. Roosa read a paper—"A statistical report of 494 cases Aural diseases."

Dr. Agnew followed with paper on "Divergent Squint."

Dr. Gray, of the *State Lunatic Asylum*, read a paper "On the Mind, its relation to Insanity."

Dr. Squire "A new flexible metalic Prostatic Catheter, or Vertebrated Prostatic Catheter."

Dr. Sayre, "A metalic jointed probe for exploring tortuous sinuses."

Dr. Sqibb, "Anæsthesia."

AFTERNOON SESSION.

The Society reconvened at 3 P. M., and was called to order by Vice-President, Dr. Dayton.

Dr. Thomas Addis Emmet, of New York, read a paper on "Prolapsus Uteri, its cause and treatment."

Dr. Thomas, of Franklin, read a paper on "Veratrum Viride."

Dr. Hutchinson made his report on a portion of the President's address, recommending that the second sentence in paragraph 6, chapter 3, of the by-laws (page 70 of the Transactions of 1869) be replaced as follows:

"The author of any paper read before the Society may have the privilege of publishing the same in any legitimate medical publication unless objected to by a vote of the Society, and any paper presented to the Society by title may be published by the author unless objected to by the Committee on Publication," and that the words "or which has appeared in any book or journal," in the third sentence of the same section and chapter be stricken out. Accepted and adopted.

Dr. H. W. Dean, chairman of the Committee on Ethics, reported as follows:

The Committee on Ethics, to whom was referred the case of Dr. Thoms, which was brought before the Society yesterday, after hearing the statements of Dr. Thoms, recommend that he be permitted to make a statement of facts before the Society, from which more satisfactory results may be obtained than by definite action of this Committee.

In relation to the difficulty connected with the Niagara County Medical Society, the committee respectfully report that after examining all the facts brought to its knowledge, its action is embarrassed by the existence of questions, the solution of which no precedent appears in the history of the medical societies in this State to guide its action. For a score of years or more the testimony elicited shows that the Niagara County Medical Society has comprised elements that should have placed it beyond the fellowship of this Society; a large number of its members have been in constant and open violation of not only the spirit of our code, but also the express rules of order and profession and conduct enjoined by this Society.

The committee find that for two or three years past a minority membership of the Society has made laudable efforts to correct the evils alluded to, but that any question tending to the discipline of its members could not be entertained, by reason of the majority influence against such action. A minority membership, alleging its inability to effect such reformation among its members as to make effective the code of ethics governing this Society, did at a semi-annual meeting of the Niagara county Medical Society, held in June last, by resolution, dissolve said Society, and organize a new Society.

The committee is of the opinion that a county medical society in this State is not competent to the work of its own dissolution, but very respectfully submit the question to the State Medical So-

ciety. At the same time, the committee desires to express the hope that the seceding portion of the Niagara County Medical Society may be advised to such action as will secure to them the privilege and relationship of the most rigidly governed societies.

If the committee rightly estimate the privileges of the County Medical Societies, the recourses of the minority membership of the Niagara County Medical Society are to the statutes of the State now existing or to special legislation.

I. G. Aston,
A. F. Doolittle,
H. W. Dean,
Committee.

That part of the report relating to Dr. Thoms was fully discussed, and finally the preamble and resolutions of Dr. Squibb, presented Tuesday, charging him with plagiarism, were unanimously adopted.

That part of the report relating to the Niagara County Medical Society, after much discussion, was referred back to the committee.

Dr. Dean, from the Committee on Ethics, presented the following, which was unanimously adopted:

Whereas, An action for alleged malpractice was recently brought against Lewis A. Sayre, M. D., of the city of New York, a permanent member of this Society, in which he was maliciously and falsely accused, and which resulted in a triumphant vindication of his professional skill, by an award of damages in his favor; and

Whereas, By fearlessly meeting this groundless prosecution, in resisting all attempts at proffered compromise, and by vigorously forcing this scandalous suit to a trial, he secured a judicial decision which established a legal principle of great value to the whole medical profession, and which has been justly characterized as "one of the greatest advances in jurisprudence during half a century, and will do much to prevent malicious attacks upon medical men;" therefore,

Resolved, That, in the opinion of this Society, the services rendered our common profession by Dr. Lewis A. Sayre, by his successful effort to protect its honor and interests, merit a distinct recognition, and that a unanimous vote of thanks is hereby tendered him.

Dr. Samuel Peters, of Cohoes, read a paper on "Spinal Irritation."

The Society then adjourned till evening, when the annual address was delivered by Dr. Vanderpoel.

ANNUAL ADDRESS BY S. OAKLEY VANDERPOEL, M. D.

The Society met at Association Hall at 8 o'clock. Dr. Dayton, of Oswego county, introduced Dr. Vanderpoel, and he was received with applause.

Dr. Vanderpoel said he had selected a theme calculated to insruct us in our every day matters. It demanded practical considerations—considerations of the culture of pathological science. It was a theme that physicians too often neglected. Having books readily at hand, physicians too often overlooked the great store of experience that came before them every day. Too many instances were overlooked, which, if investigated, would open up a great amount of practical knowledge. How many cases that should have been carefully studied are overlooked, and thus much practical and, perhaps, scientific information lost to the practitioner and to the world. He did not speak by way of any special admonition, for he knew full well that the feeling would rise to the lips of almost every physician that he had no time to attend to such examinations. He knew something of the cares and labors of the country physician. How through the snow and mud and storm he had to pass night and day; and it might be asked, how could such a laborer find time to accomplish the work he had suggested.

He believed that most of our tastes and habits were acquired Subjects which at first sight were repungent, might, with study and observation, become matters of absorbing interest. He referred to the question of Pathalogical Anatomy. The study of anatomy might be considered too repulsive in many ways. But it was a question which must be understood. Pathological Anatomy was approached with a feeling of dread, but it was the standpoint from which much useful knowledge must radiate. Often in the quiet course of practice the physician might acquire more knowledge in these matters than could be gained in the schools.

Would you delay the study of Pathological Anatomy in a young man until he attended the schools? Such a course would be unfortunate. It must be studied in the quiet resort of the study, carefully and assidiously under the direction of an instructor. This knowledge must be gained by the sight, the touch, and by microscopic examination. Half a century of study in Pathological Anatomy had secured greater results than many centuries of speculation. There were troubles connected with the human frame which natural sciences give us no explanation. Pathological Anatomy was the younger sister of medical science. It related to the study of the hidden source of disease. It is not a dogma. It was the establishment of correct principles from which great events were to flow.

He referred to the inception of other sciences, and their slow progress or acceptation by prejudiced minds. Was it a wonder, then, that the science of medicine had been comparatively slow? but if slow, it had been sure, and great results from it had benefited the human race. He referred eloquently to the promoters of the practical ideas in the realm of medicine, and gave examples of illustrious men who had occupied their lives to the great truths by which we were now benefited. He carefully traced the growth of ideas. Pathological Anatomy contributed much to medicine as a science—it was a rallying point for observance. It was the examination of nature herself for supposed facts. It was another link in the fusion of the sciences. Its influence was happy in harmonizing many truths of the ancients. It enlarged the field of experimentation to an extent almost unlimited.

For a period of forty years, commencing with the present century, the French physicians had done the most to promote pathological anatomy. What physician has not read their researches with feelings of gratitude. (Applause.) The German mind brought forth appliances which greatly added to the development of the science. The history of microscopic research was one of deep interest. The introduction of the instrument, in connection with

anatomy and medical science, had produced wonderful results. Great facts had been established through its agency. Dr. V. gave a minute history of the introduction of this wonderful instrument. The German mind had led in all matters relating to long research and patient toil. Dogmas, in every science, are the same, and often become the hindrances of the progress of discovery and thought. Disease and life are no longer regarded as two things marching along together. Disease is found to exist in the cells of the system. What the microscope could not delineate, photography could demonstrate. There was no mistake about this development. And the great results achieved from this latter mode were due to one of our own countrymen, the Surgeon General of the Army. (Applause.) He had established an era in the history of pathological anatomy equal to that of the discovery of the microscope. (Applause.) Thus, what was beneficial to one, was the property of all.

The address occupied more than an hour and a quarter in its delivery, and was listened to with marked attention. The ablest physicians present pronounced it a masterly production. In no sense does our sketch give a just idea of its superior and scientific character.

Dr. Gray, of Utica, moved a vote of thanks to Dr. Vanderpoel for his very able and scientific address, so admirably presented. Agreed to.

The Society then adjourned until seven o'clock Thursday morning.

RECEPTION

At the close of the address, the members of the State Medical Society and many of the prominent citizens were entertained by Dr. Vanderpoel, at his residence, corner of State and Eagle streets. The many guests were received in the most cordial manner, and the bountiful provision made for their comfort heartily appreciated. The large party dispersed at a seasonable hour, delighted with the hospitalities extended.

9TH—MORNING SESSION.

The Society met at 9 A. M. Prayer was offered by Rev. Mr. Peddie. On motion, the regular order of business was dispensed with for the purpose of allowing the presentation of papers left over from last session. Dr. E. R. Hun read a paper on "Glosso-Pharyngeal Paralysis." Dr. Jacobi remarked upon the paper. Dr. J. G. Richardson, of Philadelphia, by invitation, read a paper on the "Diagnosis of early Pulmonary Phthisis by the Microscope."

Dr. T. W. Wheeler offered a resolution recommending the passage of laws requiring previous vaccination as a condition of admission of pupils to the public schools of the State, and providing for the appointment of a committee from the Society to present the subject to the Legislature. Resolution adopted. A resolution was adopted providing for preparing and preserving a complete list of the members of each county medical society, same to be forwarded annually to the editor of the "Medical Register of New York." The committee to whom was referred that portion of the President's inaugural address which refers to Psychology, made a report, which was accepted.

Dr. Peters read a paper on "Insanity." And Dr. Hawley followed in a few remarks on "Pepsin Medicines."

The following papers were read by title and referred to the Publication Committee:

"Absorption of Bone," a case by Dr. Isaac N. Mead.

"Innoculation with Tubercular Matter," by Dr. L. Norton.

"Case of Congenital Hypertrophy of the Tongue," by Dr. William Vosburgh.

A paper on "Contagion," by Dr. J. S. Mosher.

"A case of Ovariotomy," by Dr. J. V. P. Quackenbush.

"A case of Inversion of the Uterus and its reduction," by Dr. J. V. P. Quackenbush.

"A case of Biliary Calculi," by Dr. M. R. Hasbrook.

"On one of the Modes of Death from Chloroform," by Dr. Andrew H. Smith.

Dr. Ward, of Troy, presented a series of resolutions, expressing the interest of the Society and its appreciation of the work of the microscopical dedepartment of the United States Army Medical Museum.

Dr. Eliott read a preamble and resolutions, urging the legislature to pass a bill now pending before it, to secure physicians in the payment of costs and damages in suits for malpractice, by compelling plaintiff to give bonds before commencing suit. Adopted.

The Committee on Nominations reported the following, which were duly elected.

President—Wm. C. Wey, of Elmira.
Vice President—A. T. Doolittle, of Herkimer.
Secretary—Wm. H. Bailey, of Albany.
Treasurer—Charles H. Porter, of Albany.
For Censors—Southern district, Doctors E. R. Squibb, S. T. Hubbard, N. C. Husted; Eastern district, B. P. Staats, P. McNaughton, C. C. Covell; Middle district, M. M. Bagg, Horace Lathrop, C. G. Bacon; Western district, J. F. Miner, C. C. Wycoff, D. Colvin.

Committee on Correspondence— First district, Drs. Geo. F. Shrady; Second, A. Crispell; Third, H. B. Whiton; Fourth, R. S. Allen; Fifth, W. T. Bassett; Sixth, J. G. Orton; Seventh, H. N. Eastman; Eighth, J. F. Miner.

The usual vote of thanks was tendered to President and Secretary, after which Society adjourned *sine die*.

CINCINNATI ACADEMY OF MEDICINE.

December 19, 1870.

Clinic of A. J. MILES, M. D.,
Professor of General Pathology and Medical Jurisprudence in Cincinnati; Col. of Medicine and Surgery.

[REPORTED BY J. W. HADLOCK, M. D.]

Tobacco in the Treatment of Hysteric Convulsions and Catalepsy.

The treatment of hysteric convulsions and catalepsy is a source of much anxiety and trouble to the physician and friends. They are diseases purely functional in character, as no lesion has ever been revealed by *post-mortem* in hysteric cases.

The various causes of hysterics were cited, and the statement made that in all cases there is local irritation of some part, followed by reflex action with muscular contraction in all its well known simulations. Upon this theory Dr. MILES had addressed a remedy to the cause of the disease with marked success, namely, tobacco.

CASE I.—A German woman, æt. 30, with hysteria of epileptiform nature; attacks of delirious mania and convulsive paroxysms in alternation. Ordered vin. tabaci ʒj. every half hour until relaxation and nausea. This occurred in three hours, and was followed by refreshing sleep. No recurrence having taken place for several days, the patient was discharged.

CASE II.—An American woman, æt. 30; convulsive hysteria, one of a series of attacks generally of several days duration. Treatment as above. Relaxation in three hours; twelve hours duration; no return; convalescence speedy.

CASE III.—An unmarried German woman, æt. 35; cataleptic. Found in opisthotonos condition; pulse almost imperceptible; respiratory movements about three per minute, and so slight that the body was almost as motionless as a statue. Her history was that of confined hysteria and previous catalepsy. The same treatment was ordered at the same interval. In three hours consciousness had returned and respiration regular; the heart beat with vigor; the muscular system was relaxed; there was slight nausea and the body was bathed in perspiration. When the effects of the drug had passed off recovery was rapid.

The *rationale* of the treatment is direct irritation of the nerves of the digestive tract, followed by muscular contractions; besides which there is secondary action in the motor nerves, resulting in relaxation of the muscular fibres of animal life.

The essay concluded with advocating the superiority of the vinous over every other preparation of tobacco. It is a safe and efficacious remedy, also, in relief of infantile convulsions.

Dr. LUDLOW thought the treatment not applicable to all cases. When the disease is of uterine origin, it is useless to treat a symptom whilst neglecting the cause. Then tobacco, like chloroform, is a dangerous remedy—it is only palliative. Simpler agents, as cold water, assafœtida, chloral hydrate, etc., are preferable.

Dr. Miles rejoined that it is only proposed as a palliative, but that it will always act promptly in relief, no matter how obstinate the paroxysm. Moreover, it is impossible to get up another paroxysm after nausea has been established. Its speedy action renders it of peculiar value in catalepsy, when it is highly important to control the duration of the disease. Like every other powerful remedy, it must be used with caution.

Dr. GOBRECHT inquired if there be not many symptoms apparently of cerebro-spinal whose original lesion is in the ganglionic system, particularly of the stomach, and traceable to congestive irritation? In such a case, would not local anæsthesia of the stomach check the manifestations? A short time ago, Dr. G. had occasion, in an article on sea-sickness, to demonstrate this gastric irritation caused by regurgitation of bile. He claimed that ether and other anæsthetics addressed to the stomach abated the nausea and other unpleasant symptoms. So in chorea, after first freeing the alimentary canal, local anæsthesia to its mucous membrane has been found of considerable value.

Dr. Gobrecht wanted to be clearly understood that it is after evacuation of the alimentary canal that chloric ether is of value. In proof of the value of previous purgation, the case of a sea captain was instanced, who was always sea-sick unless well purged before a voyage. Unless bile be removed, the sickness will be experienced in spite of local anæsthesia.

Dr. LUDLOW remarked that he had stated that Dr. Miles claimed to have discharged his patients cured. He should have followed up his cases further. Tobacco did not cure, and is a dangerous remedy. The speaker always administered a douché, and employed other mild remedies. After cessation of the convulsions he endeavors to find the cause of the affection, and addresses his remedies to its removal.

Dr. CONNER exhibited specimens of the bladder, kidneys and enlarged prostate from an individual 70 years of age. The bladder, distended, showed upon its mucous membrane diphtheritic exudation secondary to intestinal irritation. In places the epithelium was denuded. The same inflammation was also present in the pelvis of the kidney. The patient was a drinker, and suffered often with retention of urine; and died with symptoms of uræmia. The kidneys displayed abundant abscesses.

Dr. C. also presented the kidneys, heart and spleen of a colored woman of 60 years of age. The kidneys presented an uneven, nodulated surface, caused by the presence of ten or twelve cysts in

their interior. Some of the cysts had undergone fatty degeneration. The two largest weighed 3½ and 2½ ounces. The spleen was unusually small and firm. The heart was in a condition of marked hypertrophy. Of 506 cases of granular kidney, reported corneal, this cardiac hypertrophy was present in 177; while in 93 of these there was no vascular lesion.

Specimens of the kidney under the microscope exhibited the lesion of granular degeneration in marked degree. Dr. C. further exhibited a specimen of tubercular peritoneum and pleura. The speaker stated that the microscopic specimens were prepared by freezing with snow and salt. The advantage of this method of preparing specimens over every other was briefly mentioned.

Dr. Gobrecht, suggested that as the best method for making sections of any complex organ, as for instance the eye; whenever a tissue is very flexible it is difficult to make their section in any other way.

Dr. Whittaker mentioned the additional advantage of the maintenance of the relative position, as for instance in establishing the exact location of an organ. Pirigoff, of Russia, had recently published a collection of plates taken from sections of the whole body frozen solid. The accurate position of the heart, uterus, etc., had thus been denoted.

Dr. Holdt confirmed the statement, and hoped to be able to present to the Academy some of Pirigoff's plates.

Editorial Department.

Periscope.

On the Conditions of Disease Demanding Abstraction of Blood.

(*Continued from page* 125.)

THE PRACTICE.

In considering the practice, the first thought is that those effects of blood-letting, which might be expected to be useful are such as may be called mechanical effects; in fine, whenever the venous reservoir is under distension, so that due motion of blood and of function of part depending on motion of blood for function is disturbed, abstraction of blood is the most direct remedy. We will consider these cases.

CASES OF LIGHTNING-STROKE.

The experience of many observers on the efficacy of vene section in cases of lightning-stroke is entirely in support of the value of this remedial measure. In my lectures on lightning-stroke, I have recorded a case in which a man who had been rendered insensible by lightning was bled in the freest manner, the consciousness returning during the bleeding, and the recovery being secured. The older men in physic, who always opened a vein in such cases, were apparently clear as to the importance and success of the practice; and within the last year I have made some experiments which in the most singular manner confirm this practice. From an observation made by Benjamin Franklin—that the most humane and rapid mode of slaughtering animals for food would be by a powerful electrical discharge—I was led to try if this really were a practical suggestion. I therefore had sheep taken to the Polytechnic Institution, and had them killed by a discharge from the great battery there. I found that full-grown sheep could be fatally and instantaneously struck down by the discharge from a surface of a Leyden battery of ninety-six feet. But here came the curious fact: when animals struck in this manner were laid on the bench after the shock, apparently dead, and actually dead if let alone, they would show the most convincing evidence of recovery if they were instantly bled freely from the neck. After the blood had flowed for a little time, the animals began again to breathe; they struggled as they do when they have not been struck, and they became so distinctly conscious that I had to give up the notion of recommending any change in the present mode of slaughter. In another case, where a smaller animal was struck down and rendered apparently lifeless, the opening of the external jugular vein was followed by a gush of blood, by immediate return of the respiration, and rapid recovery.

The *rationale* of the treatment in these cases is most simple. The effect of the lightning, or of the electrical discharge, is to create expansion of the contents of the venous reservoir; there is liberation of gases from the blood; distension of veins in all parts; pressure on the brain in the closed cavity of the skull, and insensibility as the result of the pressure; distension of the right side of the heart, so that the muscular structure is paralysed; and temporary cessation of all motion and function. The opening of a vein at once relieves all this embarrassment; the heart is set at liberty to recommence its contractions; the nervous centres governing the process of respiration are relieved; and, if the derangement of the animal mechanism does not extend to actual disorganization of blood, or to severe rupture of organic structure, when no reme-

dy would avail, the natural functions are restored, and life is saved.

I take it, then, that in cases of insensibility from lightning shock, or electrical shock, the abstraction of blood by venesection is demanded.

SUN-STROKE.

In sun-stroke the conditions of disease are closely analogous, if not identical, with those induced by lightning. One of my earliest experiences—an experience that has made me hold to the thoughtful practice of blood-letting—had reference to this disorder and its treatment. A man was carried from the harvest-field to the residence of a surgeon, a relative of mine, insensible from sun-stroke. The patient was carried in like a dead man—unconscious, powerless. He was livid, but breathing at intervals, and there was still some audible motion of the heart. The surgeon, one of the school of Clive and Astley Cooper, and one who had no doubt as to what was the right thing to do, acted promptly. "He will recover if we can only get blood," was the remark to me; so the man was held up by his mates in a garden chair, a fillet was put round each arm, and a vein was opened beneath each fillet. At first the flow of blood was slow, though the veins everywhere were distended to the utmost, then the stream became more determinate, and at last copious, and the result was that in five minutes the man was breathing freely, was becoming conscious, was recovering. He was simply cured straighway, was able to assist himself to walk away, and without any other touch of medical treatment, was restored to full health in a few days.

I urge, then, that in cases of severe sun-stroke, when the venous reservoir is under extreme distension, when the large tense veins offer themselves, I had almost said, to the operator, there is a condition of disease demanding abstraction of blood. In America this fact seems now to be recognized, and the practice of bleeding founded upon it, in so far as it has been carried out, has been most successful. In England, at this time, the practice is lost, and case upon case, during the heat of summer, is registered in the returns of mortality as death by sun-stroke, in which virtually nothing has been done at all to promote recovery—nothing, I mean, that is likely to be successful. Mustard, perchance, is applied to the limbs, cold to the head, a blister to the nape of the neck; a purgative, if the patient can be made to swallow it, is put into the stomach, or an injection is administered by the rectum. Of what avail these slow, these almost meaningless measures? By the side of the grand old remedy they are rifles, having neither theory nor practice to sustain them]

(*To be Continued.*)

Rare Entozoon in the Hog.

Dr. T. S. COBBOLD writes to the *British Medical Journal*: "Yesterday (Jan. 10th), I received a letter from Professor WILLIAM B. FLETCHER, of the Indiana Medical College, Indianapolis, U. S. A., inclosing several minute fragments of one or more parasites, with a request that I would inspect, determine and report, 'as to what they are.' Microscopic examination at once revealed their strongyloid character; and I subsequently satisfied myself that they were examples of a remarkable parasite, known only to systematists in helminthology under the title of *stephanurus dentatus*. It was not surprising, therefore, that Dr. Fletcher should seek in vain through the works of Von Siebold and Kuchenmeister, and my own general treatise, for any account of this entozoon.

"The *Stephanurus* was first described by the late Dr. CARL MORITZ DIESING, of Vienna, in 1839, and I am not aware that any one has since met with it. Fortunately, through Dr. Deising's kindness, I am possessed of an almost complete set of his writings, amongst which is the valuable monograph containing a full and accurate description of this worm. Without, however, going into details about the singular character of the parasite, I will only remark upon one or two important practical matters.

"Dr. Fletcher says that 'in demonstrating the function of the liver' to his class, he 'found a worm in the portal vein, hepatic substance and hepatic vein;' and further, that 'upon examination at the packing houses, where two thousand hogs are killed daily,' he 'found this worm in nine out of ten hogs' which he examined. I am not quite sure whether he means nine out of *every* ten hogs, or if he only examined ten hogs altogether. In either case the observation is a very remarkable one. It is added that the kidney, bronchi, and portal vessels, formed the most frequent habitat. He also found 'little cysts in the pyramids of the kidney,' and likewise 'excavations in the lobules of the liver containing great numbers of the eggs.'

"The above facts are too important to be remarked upon in all their bearings; but I may note that, whereas this parasite was originally found singly, or several together, occupying cysts in the fatty tissues of the hog, Dr. Fletcher finds it occupying various organs. The true discoverer, Dr. NATTERER, obtained his specimens from one or more individuals of a Chinese race of hogs at Barra do Rio Negro, Brazil, on the 24th March, 1834. Here, then, we have a parisite hitherto only once met with in a particular race of swine reared in South America, now found, after more than thirty years' interval, to be remarkably abundant in hogs killed for curing at Indiana, in North America.

"I regard this discovery by Dr. Fletcher as exceedingly important, since it not only shows how readi

ly the mere existence of entozootic diseases amongst animals (used as food) are overlooked; but it also shows to what a degree parasitism may abound without exciting any suspicion in the minds of those persons whose duty it is to look after the welfare of our cattle, sheep, swine and other domesticated animals."

Perchloride of Iron in Paralysis of the Bladder.

Mr. C. H. WATTS PARKINSON, M. R. C. S., writes to the *Medical Times and Gazette:* On January 24, 1870, I was sent for to attend W. B., æt. 74, a master blacksmith. He has for the last few years been subject to attacks of retention of urine, which have, however, hitherto been relieved by warm baths, etc., without the use of the catheter.

On my arrival, I found him suffering greatly from retention of urine, which had not been relieved by the means before used. I found the prostate enlarged, but passed a full-sized prostatic catheter, and drew off a large quantity of urine without much difficulty.

The next morning I was again obliged to pass the catheter; and the bowels being confined, I ordered a simple aperient.

January 30.—The catheter has been passed twice daily. There is stillicidium urinæ, but no power of passing water voluntarily, and the urethra is becoming irritable. Bowels very constipated, requiring frequent aperients.

February 5.—The old man is getting in a low, typhoid state. Tongue dry and brown. Pulse very feeble. A considerable amount of hemorrhage follows each introduction of the instrument. Urine loaded with phosphates and lithates, with mucus, epithelium, and some decomposed blood. Not the slightest attempt at contraction of the bladder.

6th.—I drew off the urine, as usual, morning and evening, and then injected six ounces of a weak solution of tincture of iron, which I retained in the bladder for about half a minute.

7th (evening).—There is a slight contraction of the bladder after the injection this evening.

8th (evening).—The bladder contracts well on the instrument after the injection, and he has passed small quantities of urine occasionally during the day voluntarily, and there has been no overflow.

9th (morning).—Has made water during the night. Bladder moderately empty. Urine getting better.

From this time he continued to improve, until February 18, when he could pass water better than he had done for some time.

December 12.—Has had no attack of retention since, and is able to pass water freely, and is better than he has been for some years, and is able to follow his usual occupation.

There could be no doubt that the injection of tincture of iron effected the cure in this case, as, although the usual medicines were prescribed at the commencement, nothing more than a simple aperient was given after February 5.

Reviews and Book Notices.

NOTES ON BOOKS.

The Strasbourg *Medical Gazette* again makes its appearance, after having been for several months discontinued. It contains among other things many interesting items concerning the siege. It appears that the French were so sanguine of marching directly into Berlin that they made little or no preparations for the care of the sick and wounded before they were fairly shut into Strasbourg.

DR. STEINTHAL has brought out a new edition of Hufeland's "Makrobiotik; or the Art of Prolonging the Life of Man." This work was originally published in 1796.

BOOK NOTICES.

Code of Health of the School of Salernum. Translated into English verse, with an introduction, notes and appendix. By JOHN ORDRONAUX, L L. D., M. D., Professor of Medical Jurisprudence in Columbia College, N. Y. Philadelphia: J. B. Lippincott & Co. 1871. 1 vol. 8vo. pp. 167.

This laudable attempt to keep fresh in our memory the doctrines of the renowned School of Salernum, we have already noticed with praise. In the present smaller edition the volume is within the pecuniary reach of all, and we hope that its reception will be such that Dr. Ordronaux will be encouraged to extend his studies into the monuments of medical literature in past ages—a field lamentably lacking in scholars in this country.

Transactions of the American Ophthalmological Society. Seventh Annual Meeting. New York, 1871, paper, pp. 151.

Every surgeon who has much to do with the eye, will not fail to possess himself of this little volume, which compresses a vast amount of recent and useful information in its pages. It contains, besides the minutes of the meeting, twenty-five articles on various questions relative to the surgery, etc., of the eye. Among the contributors appear the well-known names of Dr. B. Joy Jeffries, of Boston, Prof. Herman Knapp, of New York, Dr. D. B. St. John Roosa, of the same city, Dr. Charles A. Robertson, of Albany, and others. The Report on the progress of Ophthalmology, by the first named, is an admirable condensation of discoveries in that field, during the antecedent year.

MEDICAL AND SURGICAL REPORTER.

PHILADELPHIA, FEBRUARY 18, 1871.

S. W. BUTLER, M. D., D. G. BRINTON, M. D., Editors.

☞ Medical Society and Clinical Reports, Notes and Observations, Foreign and Domestic Correspondence, News, etc., etc., of general medical interest, are respectfully solicited.

Articles of special importance, such especially as require original experimental research, analysis, or observation, will be liberally paid for.

☞ To insure publication, articles must be *practical*, *brief* as possible to do justice to the subject, and *carefully prepared*, so as to require little revision.

We particularly value the practical experience of country practitioners, many of whom possess a fund of information that rightfully belongs to the profession.

The Proprietor and Editors disclaim all responsibility for statements made over the names of correspondents.

FOOLISH FELLOWS.

Some members of the Onondaga County Medical Society have been spreading themselves on the record in a manner which is calculated to reflect no credit on the scientific reputation of that body, and lead to extremely erroneous views of a professional subject by their unmedical neighbors. A year or two ago, a New England lady of eminence in literary circles wrote a letter taking ground against male medical attendants, because, forsooth, their entrance to a lady's sick-room very generally excited unpleasantly strong sexual sensations in the patient! And this from a woman! We hasten to add that she soon after retracted and explained away this extraordinary statement.

But the Onondaga gentleman fully equals, or indeed surpasses her. He would pretend that examinations by the speculum not only debauch women, but undermine the morality of physicians! Listen to this modern reormer, as reported in the Onondaga *Daily Courier:* "The doctor took distinct issue with another physician on the subject of the speculum. He thought this business should be shamed down, on account of its tendency to demoralize virtue, and not aid in the care of human ills.

"Truth had always elicited opposition, and yet this opposition should not prevent him from uttering the truth.

"The doctor then referred to letters he had received, both from physicians and others, who recommended his paper. The idea of Dr. ——— and others seemed to be that the speculum should not be used save in council with other physicians. The doctor read a letter which affirmed that Irish women were so well taught by their priests of the wickedness of abortion and kindred crimes that they were rarely heard of among that class.

"Resolutions were offered by Dr. ———, denouncing the use of the speculum, and declaring that those physicians who did use it too much should be excluded from the society.

"Dr. ——— thought the society was suffering from physicians who owned their fine houses, but who had taken dollar after dollar from patients for the most shameful causes. The doctor denounced the amount of present use *of the speculum as a disgrace.* He affirmed that ladies had been treated by so-called respectable physicians for womb diseases when it was positively known that they had no such disease at all.

"Dr. ——— introduced an amendment to the resolutions, and together the amendment and resolutions were discussed.

"A resolution to lay the whole subject on the table was lost.

"Dr. ——— thought the matter had gone so far that the society should talk, act and work on the matter, and he suggested a committee to look into the subject, prepare suitable resolutions, and report at the next meeting of the society."

That respectable and educated practitioners should be misled into such damnatory confessions—for they are this, if nothing more—is profoundly to be regretted for their sakes. Our advice would be to them, that if they find the use of this instrument injurious to their own self-control and virtue, the sooner they drop it and the profession altogether, the better for them. But in justice to other members of their avocation, they should do so quietly, and not disturb the public mind by giving outrageously false impressions of the morality of physicians in general, and the curative means they employ.

Another Snake.

We are indebted to somebody who knows our interest in such matters, for a copy of the Wooster, Ohio, *Republican*, containing an account of a live snake in a woman's stomach. The most amusing part of the description is the editor's compliment to her present medical attendant. It reads:

"At Philadelphia, she was under the care of two of the most eminent physicians, without beneficial result. Dr. ——, of this city, now has her under treatment; and the snake will have a lively time and get hurt, or we are much mistaken in the doctor's professional ability and go-aheadativeness."

This is good.

Notes and Comments.

Narrow-mindedness.

A very small spirit indeed actuates some medica societies, and exists in all. There is usually a small clique who generally, for very sufficient reasons to themselves, if not very creditable ones, object to the public use of their proceedings. They would have them not printed at all, or made over as private property to one journal. The Cincinnati Academy of Medicine and the Philadelphia County Medical Society are examples of medical bodies in which such obstructives periodically urge narrow-minded resolutions to this effect. The former, we are happy to say, has lately repudiated, by an overwhelming majority, any such action, and we recommend the latter to take to itself some of the good sense which this vote exhibits.

Correspondence.

DOMESTIC.

Blood-Letting.

EDS. MED. AND SURG. REPORTER:

In No. 1, current volume of the MEDICAL AND SURGICAL REPORTER, I notice the report of a lecture by FORDYCE BARKER, of New York, on the subject of blood-letting as a remedial resource in obstetric medicine, which I have read with deep interest.

Profoundly impressed as I am with the truth and importance of the views held forth by Prof. Barker in that lecture, and greatly desiring to see them more generally adopted by the profession, I beg leave, through your valuable weekly, to give my sincere testimony in their favor.

It can not be denied that our ancestors—even our immediate predecessors, carried the lancet too far in obstetric medicine, as well as in all other departments of the practice; that it was injudiciously and indiscriminately used, resulting oftentimes in great and irreparable mischief, is, I believe, the settled, and will be the permanent verdict, of the profession.

But, as remarked by Prof. Barker, the inquiry is indeed well worth being made, whether or not the reaction has gone too far; whether or not we of the present day, in almost wholly rejecting the use of a remedy which, in the strong language of Dr. RICHARDSON, of London, is as scientific as any at our command, and capable of producing results as patent to the eye and as convincing to reason as any known remedial measure, have not gone to as great an extreme with results as unfortunate as our brethren of former times did in their extravagant use of the remedy. I am indeed well satisfied that candid investigation, impartial and unprejudiced observation, will decide that we have; that the very general disinclination to its use at present existing is but the legitimate reaction from the consequences of its abuse, and not from its proper and judicious employment; and that we are thus depriving ourselves of by far the most potent and beneficial measures in our possession, by the timely use of which much suffering may be alleviated, and many a valuable life—a precious mother or dearly beloved wife—be saved from an untimely grave. Why, sir, i is no very uncommon thing at this day to find intelligent physicians of ten or twelve years' practice, who have never owned a lancet.

But my principle object in writing this is to give a partial report from my note book, of three cases occurring in my own practice, forcibly illustrating, I think, the value of blood-letting in the three states, viz.: gestation, parturition, and puerperal.

In 1864, I was called to see and requested to take charge of the case of Mrs. A——— æt. 34, multipara At the time—about four months gone in her fourth pregnancy—I found her suffering from severe but dull and throbbing pain in the head; at times considerable vertigo, with ringing in the ears, constant pain in the region of the uterus, with evidences of venal congestion. She could not be said to be anæmic; neither was she plethoric. I will state here, that Mrs. A.——— had suffered in the same way, in all her previous pregnancies, particularly in the latter months; that her previous labors, three in number, were all characterized by great tediousness, from two to four days, one even by frightful convulsions; all followed by slow and doubtful recovery. It was to prevent, if possible, this state of affairs that I was requested to take charge of the case. I immediately bled her freely, which afforded much and prompt relief; enjoining perfect quietude of mind, free ventilation, I ordered mild tonics, and requested her husband to notify me immediately on a return of the unfavorable symptoms, which he did in about two weeks. I repeated the bleeding, which I did still twice more, the last time only a few days before she fell in labor, which happened at the right time. The result was, that although I was summoned as quick as a messenger could come one and a half miles, the child, a healthy male, was born before my arrival. I had nothing to do but separate it and remove the placenta from the vagina. She had a speedy and good recovery.

Two years after Mrs. A. again became pregnant, attended by all the distressing and dangerous symptoms above enumerated, as she had been in every previous pregnancy. I pursued the same course, bleeding her in all, this time, five times, (being in every instance, as I always am, governed

more by the effect produced than by the quantity taken. In this case, during the term I took at the different bleedings from 80 to 100 oz.) The result was the same. Although summoned in haste at the first approaching symptoms of labor, the child, a healthy female, was born a full hour before I arrived. I found my patient smiling, comfortable and happy as could be desired. Now, I ask, what else could have wrought so beneficial a change in the labors, and averted so much of the suffering and danger from this estimable woman, so effectually as the timely and repeated bleedings I gave her during her terms.

The next case I noticed was that of Mrs. H., æt. 22, to whom I was called at 3 o'clock P. M., to attend in her second labor. I found her sitting in a chair, unable, indeed, to lie down; suffering from intense pain in the head, her face livid, eyes injected, everything betokening excessive vascular fullness, and fearful nervous excitement; constant pain in the abdominal region, but undefined, no order or regularity. Regarding the danger of convulsion as imminent indeed, I made no delay, but immediately opened a vein, abstracting about 30 oz. of blood. In a few moments I had her put to bed. She rested well; she even fell asleep, a thing she had not done or near two whole nights. At 10 o'clock P. M. regular labor pains set in, and went on uninterruptedly, resulting, at 2 A. M., in the birth of a healthy male child. Mother and child did well.

The third, and last case which I propose to notice now, was that of Mrs. O——, æt. 30; multipara. Was attended in labor by Dr. L——, an old and experienced physician. Labor normal, save rather tedious. Four days thereafter, her physician being out of the way, I was summoned in great haste to see her. I found her lying on her back; knees strongly flexed; abdomen tympanitic, the tenderness over which was extreme, intolerant even of the lightest bed-clothing; no vaginal discharge at all; wild and fearful expression of countenance, seen only in the puerperal chamber. She was suffering intensely. I believed I had a violent case of metroperitonitis to deal with. I also feared eclampsia. I bled her immediately, without regard to quantity. I bled her to the very verge of syncope. I then ordered a full dose of opium; warm fomentations to be persistently applied to the abdomen, and veratrum viride to be given at regular intervals through the night. I never shall forget my feeling of intense satisfaction when I visited her the next morning—a marked amelioration of all the symptoms; lochia returned; the pulse soft and easily controlled by the veratrum viride; abdomen much less tympanitic, with great diminution of tenderness. In due time I had the satisfaction of seeing her entirely recovered. My candid opinion is, that in this case particularly all the other remedies, appropriate and useful though they may have been, without the free blood-letting would have been simply trifling with death.

I do sincerely hope that the day is not far distant when this great remedial resource, guided by that searching investigation, that sound and practical discrimination which happily characterizes the profession of to-day, may be restored to its proper place in the estimation of an enlightened profession. Is it in the hands of the ignorant and injudicious fraught with great power for mischief? What powerful remedy have we that is not? Shall we deprive ourselves of a resource in the cure of disease, for the alleviation of human suffering, to be found no where else, because, forsooth, in former times it has been greatly abused? if so, then at the same time let us throw away at least three-fourths of the materia medica. In conclusion I will say, in no spirit of flattery, that I am more and more pleased with THE MEDICAL AND SURGICAL REPORTER every number I get—thanks to the stray number that found its way to my office a few months since.

GEO. W. TOWNES, M. D.

South Carrollton, Ky.

Poison Oak.

EDS. MED. AND SURG. REPORTER:

The swamp sumach rhus toxicodendron or poison oak, is a very common shrub in the United States, inflaming the skin, to a very alarming extent, of those who happen to touch it, or even approach close to it. While out on my farm, a little time since, I came upon some of this while the dew was on it, and not recognizing it, I handled it. I assure you that for two weeks I suffered beyond description day and night. The books being silent as to a remedy, I tried various things suggested by physicians who had seen cases, but to no beneficial effect. Finally I thought I would try a solution of alum, and I found immediate comfort. It worked like a charm.

Yours, &c.,

IRA. D. HOPKINS, M. D.

Utica, N. Y., Jan. 26, 1871.

Venesection in Obstetrics.

EDS. MED. AND SURG. REPORTER:

I have just this moment read Prof. BARKER'S article in the REPORTER of the 7th ult. on bloodletting, and it so completely chimes in with my views and practice, particularly in relation to albuminuria, that I cannot avoid expressing my concurrence in it thus publicly in your journal, and relating one single case in illustration of the result of the practice.

About three weeks since, Mrs. W., æt. 21, in her first pregnancy, was in labor at full time, and as

the head was engaging in the inferior strait, and everything seemed moving on nicely, she suddenly, without noticeable premonition, was seized with a violent convulsion. The face and neck being suffused with blood, I at once decided to bleed from the arm; but before I could get ready to do so a second one occurred, even more severe than the first. About sixteen ounces of blood were taken, and a messenger dispatched for my forceps. As soon as the bleeding was over the forceps were applied, and in half an hour from the occurrence of the first fit, a fine healthy boy began an independent life. One slight convulsion only occurred after the bleeding and delivery, and full consciousness returned at the expiration of about twelve hours.

Mother and child are both doing well; but I cannot avoid the conviction, that had it not been for the bleeding, aided, perhaps, by the speedy delivery, they both would have died. The urine was heavily laden with albumen, but it has now nearly, if not quite, disappeared. Yours,

P. STEWART, M. D.

Peekskill, N. Y., Jan. 16, 1871.

NEWS AND MISCELLANY.

Spontaneous Generation,

It has been argued, was proved from the experiments made some years ago by Dr. BASTIAN. These experiments, however, have been recently repeated by Prof. FRANKLAND, of the London Royal Institution, and no evidences of organic life have been obtained. On July 18th, 1870, Professor Frankland, taking a solution of fifteen grains of ammonia, five grains of phosphate of soda, and one ounce of distilled water, enclosed these ingredients in a hermetically sealed strong glass tube, and exposed them to a temperature of 320 degrees Fahrenheit, in order to destroy any life which might be contained in them. The tubes were also immersed in cylinders containing strong sulphuric acid, in order to guard against the possibility of the entrance of atmospheric germs through the minute pores of glass. These cylinders for five months were subjected to a temperature ranging from 60 to 75 degrees of Fahrenheit, and were exposed to bright light, and occasionally to the strong rays of the sun. This course of treatment, with the exception of the bath of sulphuric acid, it is stated, was identical with the experiments of Dr. Bastian, which, it was asserted, proved the principle of spontaneous generation. On the contrary, however, a different result was obtained.

On December 20th, 1870, Professor Frankland opened the tubes, in the presence of Professors Huxley and Busk. The description of the optical appearance of the contained particles were, it is stated, found to correspond with that of Dr. Bastian, but no evidence was obtained that life was formed in the tubes from the inorganic matter. The most powerful microscopes showed that all the particles were inorganic, many being splinters of glass, and that the motion exhibited by them was not that of life, but was that known as the Brownian rythmic movement. After evaporation and treatment with sulphuric acid, no trace of living substance was discovered. From these experiments it is argued that after a discussion of three hundred years, the doctrine of Biogenesis, or that all life proceeds from preëxisting living germs, has been firmly established.

Rag Pulp in Butter.

After melting a sample of butter purchased at Brixton, a large clot separated, and although the sample was left all night in a cool place, it did not again solidify. This led the *Food Journal* to an immediate misroscopic examination, and proved beyond a doubt that rags in a state of pulp had been employed in large quantities. The rags themselves conjure up ideas sufficiently nauseous; but, in addition, the dyes had not even been discharged, as the filaments presented a great variety of magnets, blue, brown, and other colors.

QUERIES AND REPLIES.

Commutations.

☞ Subscribers must not ask us to subscribe to other journals at commutation rates, with the promise to pay "within six months," etc. We have to pay cash to other journals, and must receive cash. Subscribers who take a number of journals can generally save several dollars by subscribing through us. During January a large amount thus passed through our hands, on which there was a saving to subscribers of about 20 per cent.

The "Acid Treatment of Consumption."

We are having frequent applications for copies of THE REPORTER containing the paper read before the Cincinnati Academy of Medicine by Dr. W. M. LOGAN, on the "Treatment of Consumption." We regret that we cannot supply it. An abstract of the paper will be found, however, in the HALF-YEARLY COMPENDIUM for January.

Dr. H. N., Pa.—We have made further inquiry, and find that single volumes of Gross' Surgery *cannot* be procured. As Mr. Lea does not *retail* medical books, we failed to understand your letter and referred it to him, and he thinks you must be in error about procuring an odd volume there. You have little idea how much we do, and *do willingly and gladly*, to "oblige" subscribers, but we cannot do it in a case of this kind.

Who is He?

Messrs. Editors: The following is an extract from the reported proceedings of the Homœopathic Medical Society of the State of Pennsylvania, at its recent meeting at Harrisburg:

"Dr. John E. James reported from the Institution for aged and infirm persons of the Methodist Church. He stated that the Institution had an allopathic and homœopathic attending physician, and that they got along harmoniously."

The Institution referred to is located in Philadelphia.

Do you know whether such fraternization really does exist? Truly yours, L.

[We shall be glad to have information on this point.—EDS.]

Persulphate of Iron.

Dr. H. H. F.—"Is not the persulphate of iron often given internally in uterine hemorrhage?"

Ans.—It is so used, and with alleged good effect.

Impotence.

Dr. W., of Pa.—"I desire your opinion of this case: A man, 36 years of age, is impotent; temperament, nervo-sanguine; habits, regular; general health, good; takes three or four glasses of whisky a day, and smokes four to six segars."

Ans.—The history is too vague for us to form any opinion. A close examination of his history and condition would probably reveal the cause of his loss of power.

Lectures.

Dr. W., of Md.—"Is there anything in the Code of Ethics of the American Medical Association which prohibits two courses of lectures in one year?"

Ans.—There is no prohibition of it.

Prof. J. Walter Scott.

Dr. J. H. S., of Texas.—Your opinion of the above personage is precisely correct. His alleged discovery of a cure for cancer deserves precisely the same and no more consideration than the hundred other cures which have been noisily advertised.

Dr. F. M. O. D., of Tennessee.—"Please give me the name of the author of the latest and best work on 'Consumption,' with the price of same, and whether you can send it to me."

Ans.—We like Edward Smith's work best, though it is not *very* recent. Price, $2.25.

Dr. G. H. T., of Vermont.—"Which is the best work on Venereal Therapeutics?"

Ans.—We think that Dr. Bumstead's last edition is the best American work. The other professor you mention has not yet written one.

Change of Life.

Dr. W. E. H., of Illinois.—Dr. Tilt has written a work on the change of life. It is not republished in this country. Price is about $3.00.

Dr. W. A. T., of Texas.—"Will you be kind enough to name the most reliable *late* work on Diseases of Children."

Ans.—Vogel's is one of the best.

"How much must I send you to procure for me a knife suitable for opening abscesses, whitlows, etc."

Ans.—$1.00.

"A person complains of the deposit, somewhere in the posterior nares, of a semi-solid, yellowish-white substance of a disagreeable, undescribable odor. I think it must be of the nature of salivary calculus. Small, round, millet-like pieces occasionally pass into the mouth, but I have no facilities for microscopical and chemical investigation. What is it? and what can I do for it? I can not introduce disinfecting solutions with any ordinary syringe. Could I succeed any better with Thudichum's nasal douche apparatus?"

Ans.— Thudichum's douche would probably answer your purpose. The diagnosis we do not venture upon.

WORDS OF ENCOURAGEMENT.

Dr. C. B. F., O., says: "I can truthfully say THE REPORTER is the best and most desirable medical journal published; best, because it contains all that is new and interesting and most desirable, because it comes weekly, thereby dividing the time better—suiting it to the wants of the country practitioner."

OBITUARY.

DR. G. T. ELLIOT.

George T. Elliot, M. D., died of paralysis, last week, at his residence, in New York. Dr. Elliot was one of the ablest physicians and medical teachers of New York, and at the time of his death was Visiting Physician of the Lying-in Hospital, and Professor of Obstetrics and Clinical Midwifery in the Bellevue Hospital College. To the first office he was elected in 1857, and he assumed the latter chair in 1861. Graduated at the Philadelphia Medical School, he continued his studies in Paris, London, and Dublin, where he attained great clinical skill under the celebrated Dr. Shekelton. He was the author of a number of medical works, the chief of which, known as "Elliot's Obstetric Clinic," was received by foreign medical critics with great favor.

MARRIED.

HAINES—WOOLSTON—In this city, February 2, at the residence of W. H. R. Neel, by the Rev. W. C. Robinson, William C. Haines and C. Louisa Woolston, daughter of Dr. Samuel Woolston, of Vincentown, N. J.

HENDRICKSON—BRYANT—In Fort Smith, Ark., Jan'y 21st, by the Rev. D. McManus, Acting Assistant Surgeon, W. T. Hendrickson, U. S. A., and Miss Sophie T. Bryant, daughter of the late Maj. Thos. S. Bryant, U. S. Army.

KERR—TROUSDALE—By Rev. Joseph Warren, D. D., Jan. 9th, at Fairfield, Ill., Dr. William M. Kerr and Miss Mary I. Trousdale.

MCCAUGHEY—JOHNSTON—On January 25th, by Rev. J. D. Whitham, at the residence of the bride's mother, Dr. T. C. McCaughey, of Ford county, Ill., and Miss Ella Johnston, of Vermillion, county, Ill.

ROSS—BABRETT—In Rockport, Me., Nov. 2, by Rev. L. L. Hanscom, Dr. O. E. Ross, of Denver City, Col., and Miss Carrie A. Barrett, of Rockport.

SILVER—GULICK—On the 19th ult., by Rev. Joseph G. Symmes, Mr. Wm. Silver, of South Amboy, N. J., and Miss Kate Gulick, daughter of Dr. S. Gulick, of Cranberry.

SMITH—ALLISON—On the 26th of January, 1871, at Atlanta, Georgia, by the Rev. Charles Thomas, Dr. Andrew K. Smith, Surgeon, U. S. A., and Miss Ellen M., daughter of Maj. Thomas S. Allison, Paymaster, U. S. A. [The father of the bride died four days afterward!]

THOMPSON—TATMAN—Jan. 17th by the Rev. Father Raymond, Mr. Phillip Thompson, of New Orleans, and Miss Annie Tatman, daughter of Dr. C. D. Tatman, of Bayou Chicot, Parish of St. Landry, Louisiana.

DIED.

KŒHLER—In Schuylkill Haven, February 5th, 1871, of congestive scarlet fever, Samuel Gross Kœhler, youngest son of Dr. I. G. and Matilda Kœhler, aged 2 years, 10 months and 5 days.

SPAYTH—At his residence, in Findlay, Ohio, January 27th, 1871, of consumption, James Spayth, M. D., aged 46 years, 8 months and 27 days.

WELLS—In this city, on the 5th inst., J. Ralston, son of Dr. J. Ralston and Massie A. Wells, in the 4th year of his age; also, on the 7th inst., John R., aged 14 months.

THE
MEDICAL AND SURGICAL REPORTER.

No. 730.] PHILADELPHIA, FEBRUARY 25, 1871. [Vol. XXIV.—No 8.

Original Department.

Communications.

SCARLET FEVER AND DIPHTHERIA —THE USE OF ICE AND COLD WATER AS REMEDIES.

By Hiram Corson, M. D.,

Of Norristown, Pa.

(*Concluded.*)

TREATMENT.

It is quite surprising to me to see how very fearful many physicians are of using ice, or even cold water, to the neck. They cannot believe that it can be kept on continuously for days—are afraid it would freeze the part, etc. It is not a painful nor disagreeable remedy, but a pleasant one. If you were to apply a piece of naked ice to a child's neck, and hold it firmly there, the child would "almost go into fits" for the first few minutes, and the application would be a cruel one; but if you should take the same piece of ice, and place two thicknesses of wet muslin between it and the skin, though on the moment of application it would feel, to the child, to be very cold, in half an hour it could have another of the same kind applied without an unpleasant sensation, and would lie comfortably for days under the application. Whenever called to a case of scarlet fever, if the case is even quite mild, the glands but slightly swelled and the throat but little inflamed, I have the ice in moderate quantity tied up in two small pieces of bladder, and one applied on each side of the neck over the parotid gland, by a strip of muslin brought under the jaw and *tied on the top of the head*, not around the neck; or, if there be no bladder nor gutta percha bag about, I use the following, which I like as well, and which country practitioners can always readily procure: Fold a strip of old muslin twice, so that when thus folded it shall be three inches wide and long enough to extend from the bottom of one ear, under the jaw, to the bottom of the other. To each end of this sew a strip of muslin of the same width, and a foot or more in length, by which, when applied, it may be tied on the top of the head. Have a line of stitches run cross-wise through the middle of the fold; there will then be a pocket for ice on each side of the neck. Now, for the first application, wet this with cold water alone, and tie it on. This will seem quite cold to a young child, but it fits so nicely, and in *one minute* it feels cold no longer; so the child bears it, and in a few minutes you can take it off and wet it and re-apply it; and in very mild cases even this will do well without ice. But it is troublesome if you change it every few minutes, and if you do not it is of trifling utility. Therefore, after wetting it a few times, slip into the pouch on each side three or four lumps of ice large as a shell-bark, or, in bad cases, fill them full, without removing the muslin; and by careful attention to keep the pouches well stocked with ice, you have nothing more to do externally to the neck. I say that even in mild cases I make this application. I do it because a mild case, if neglected, often becomes a fatal one, and because I can then go home and feel certain that until my next visit (if the nurse be faithful, and in addition to this duty shall also attend to giving cold drink or ice internally), my patient is safe from much extension of the disease in the throat, and that, consequently, the Eustachian tube, posterior nerves, etc., will not be reached.

But suppose, when I first see the case, the skin is red and hot, with eruption—the tonsils, and throat, and glands already most affected,

indeed so far has it advanced that the nose is almost blocked up, but the brain is still clear —no delirium. What then? I apply the ice outside in large quantities, as much as the pouches will hold; give it freely inside, and apply ice over the nose; give a laxative probably; use some chlo. potas. or mur. tinct. ferri in neat solution; sponge the body and limbs freely with cool or cold water, according to the degree of heat. What else? Nothing. I know if the directions are faithfully executed that to-morrow I shall find my patient no worse. The sore throat will be held in check; the heat of the surface of the body will be so moderate that it will be pleasant to the child; and when the disease shall have run its course the desquamation will be very moderate, instead of coming off in flakes, as it does in cases where they have been kept warm.

I ask your attention to my mode of moderating the inflammation of the lining membrane of the nose. I have seen great suffering from this inflammation; the whole nose blocked up, an offensive fluid discharging from it, and the child unable to suck, or even take other food, because it could not breathe through the nostrils. If then I find the nose being invaded, I cover it all over with ice-water cloths, changed as soon as warm; or with ice in a bladder, or in a cloth, and keep it there until the danger is over. Ice outside to the throat, ice or ice-water inside to the mouth and throat, and ice over the nose. What for? To allay that inflammation which Prof. Wood has described as traveling, when not prevented, to all the tissues of the neck, to the nose, the rima-glottidis and the windpipe, and which sends its filthy secretions down into the stomach, causing disease there and in the bowels. If I prevent all this, what else have I to contend with? Of what moment is it that the skin is red and hot? That condition of the skin is not incompatible with the proper exercise of the organs whose functions are necessary to life; and even if the skin should be too greatly affected, how easily can it be relieved? Sponge it all over for a few hours with cold water, and the restless, tossing child falls into refreshing slumber.

I have now prescribed for my patient and am ready to leave. It is a grave case; "one of those anginose, deeply congestive cases that will die, do what you may for them." The nurse has forgotten the directions—"tell me again, doctor." Ice outside, ice or ice-water in the mouth and fauces; ice over the nose; cold water all over the body, the arms, the legs, the head, if need be, all the time if necessary; yes, but what about this powder?—that is, ʒj. chlo. potash. Put it in twelve tablespoonfuls of water, then give one tablespoonful to the child every two hours—if you can do it readily—if not, never mind it; it is of no great importance; but your life upon it, that you do not forget the ice and cold water, and so I go on day after day, steadily and certainly to convalesence. But it is said that the worst cases are those where the brain is greatly affected, and the skin shows but little heat, and perhaps no eruption, and even the throat is not much affected. Those are the cases which are supposed to be produced by an unusually large dose of the poison; cases that are often spoken of as having been "struck with death at once." If I see nothing in the throat, nothing in the skin, demanding my attention, I let them alone; but if the feet are cold, the skin cool, the head hot and flushed, and the patient almost comatose, or the face pale, the patient weak and sighing, and dull of intellect, I warm the feet and body, and pour cold water from a height of a few feet on the head until the lost or torpid innervation is restored to the system, just as I would to restore a patient sinking into coma and death from opium or other narcotic poison. What is the cause of death in those cases where it seems to come through brainaffection? It is not inflammation; it is too rapid for that, and, after death, examinations do not show it. There is an almost universal, but vague belief, that some subtle blood-poison has insinuated itself into the "fountains of life," and chilled its living waters, and that for this there is no remedy. I repudiate such doctrine. What is this lying before me? A child, stupified with opium. It hears not, sees not, feels not; it breathes laboriously; it has been struck with death. It is a grave case; submit it to the mild treatment, the expectant treatment of Dr. Allen; or the stimulating and supporting treatment lauded by Dr. Knox, and perseveringly employed by Dr. Brown, and you may write on its tomb, "struck with death." But pour cold water upon its head from a height —go on, pour it copiously; keep on until a slight moan tells you that the brain is beginning to feel the shock of the water; another and another, each louder than the former, will

follow, and soon it will be yelling and kicking to get rid of the water; and now that you have it restored to consciousness, now that it stares like one from a deep sleep, that it recognizes and clings to its mother; now, that its intellect seems to be clear and active, is it safe from that opium poisoning? No; take away the remedy, and in less than half an hour it will be comatose again. What then shall we do? Must we continuously pour this water on its head, and have it kicking and screaming to get rid of it? No; but when you have intermitted a few minutes, and you see the child gradually yielding again to the poisonous influence, you must again resort to the remedy so as to arouse the innervation; and so you must go on for a few hours, preventing the deep comas, and then, the poison having expended itself, the danger will be over; heroic remedies victorious, and science triumphant.

Dr. JESSE YOUNG, of Chester county, long since reported four cases of poisoning by laudanum, all of which would have been fatal but for the remedy—the pouring of cold water on the head from a height. I had the case of a child, so drunk from brandy that the parents thought it dead. It seemed insensible to noise or irritants. The affusion of cold water, in about five minutes, so brought it to consciousness that it yelled lustily and clung to its mother for protection. The remedy was then omitted, and in a few minutes it began again to go off into a heavy sleep, which I allowed to go on until it was again difficult to arouse. I then applied the remedy and brought it up again, and after that applied it every few minutes to prevent the narcotism.

Soon after the publication of Dr. Young's cases, a physician was called to a man insensible and dying from laudanum. He applied the remedy heroically, and the patient soon showed signs of feeling, and in a little time was brought to consciousness and to talk with those about him. The doctor went away without giving instructions to have the patient watched and the remedy re-applied as the condition called for it. In a short time he sank again under the poisonous influence, and as the remedy was not used he died. I might mention many other cases, but it is not necessary to do so.

I regard the scarlet fever cases in which the brain is affected in the manner described above as analogous to those affected by the poison of opium or alcohol in poisonous doses. The action of the brain is so greatly suspended that the functions of life are not properly performed. The character of any heart-beat, its force, its quietness, its rythm, depend on the influence sent by the brain; impede or weaken the nerve-current from the brain to the lungs, and those organs labor heavily and the blood throughout the whole system suffers change. The skin, the mucous membranes, the glands everywhere, are dependant for the performance of their functions on the constant transmission to them of that subtle something which, originating in the brain, controls every living operation of the system. If then there be, as the cause of scarlet fever, a morbific poison, or a noxious agent, as believed by the authors already quoted, which paralyses the energies of the brain to a greater or less degree, it will be shown in the beating of the heart, in the breathing, in the condition of the skin, in the lessened vitality of mind and body. In those grave cases we only have an aggravation of mild ones, perhaps from more of the poison, or from the great susceptibility of the patient to the noxious influence of the agent. A small dose of laudanum excites, stimulates, gives increased force; it is like the simple anginose or scarlet-rash cases. A heavier dose, and you have the anginose congestive cases; still heavier, and you have the malignant; the case in which the innervation is greatly interfered with, and, as a consequence, any life function performed with great difficulty. And now, to relieve this condition, to arouse the brain, to restore the innervation, to quicken into healthful activity every secretion, to redden again darkened blood, and send it warm and sparkling with life through all the capillaries, what shall we do? We ought not to do that which is commonly done—which is done, I might say, almost universally—namely, give stimulants—whisky, brandy, etc. How will they antagonize the poison? How will they restore the action of the brain, the innervation to the whole system? We have long practiced giving shock and irritation to the system in order to counteract the effect of the opium poison. Flaggelation was resorted to in olden time; but there is not that kind of action looked for from whisky. How can alcohol obviate the very effect itself produces? But you say, let facts, not theory, speak. Have we not the fact declared and repeated over and over again, that "many died despite the use of

stimulants." "That all who died were treated with stimulants perseveringly employed." I would then treat this case—every case running into coma—as Jesse Young treated his cases of opium poisoning: Pour cold water from a height on the torpid brain till consciousness is restored, till every fibre of the system feels the quieting influence of the restored innervation. And what will follow? The skin, before pale and cool, will soon be covered with the florid rash, the throat will show increased redness, the glands of the neck will begin to swell and feel sore, and now your attention must be given to *them* as well as to the brain; and, while from time to time you repeat the affusion, you must see to it that the ice holds in check the inflammation developing in the other parts.

During twenty years I have regularly reported to the Montgomery County Society my cases of scarlet fever and diphtheria, and their treatment by means of ice, as described above, and though many of the members had the usual fear of the remedy, and looked upon it as too heroic, or as one which would involve too great responsibility, or would be opposed by the parents, or cause suffering to the children, I am happy to be able to say that all of them now acknowledge its value. I regret that the great length of this report forbids my introducing the valuable testimony in its favor reported by Drs. Wm. Corson, I. R. Reid, Shoemaker, Newberry, Leedom, Evans, and others, in the report for 1867. Most timely, too, is the testimony, in a recent number of your journal, of Dr. Stiles Kennedy--a recent convert, I presume, to the cooling treatment. Can it be possible that he has never read the valuable papers of Dr. Jackson, nor seen the papers on this subject in our State Transactions? He does not even hint at their existence; but, nevertheless, his paper is a valuable one, and, as evidence that the treatment is gaining converts, an encouraging one.

But what of the convulsions? Are they, too, caused by the local disease of the throat, or are they produced by a morbific poison? Poisons, as opium and some others, do sometimes cause convulsions, and the poison which causes scarlet fever (if there be one) may possibly produce them, but not necessarily by entering the blood and poisoning *it*. Dr. Morris, at page 68 of his treatise, says: "There is nothing peculiar in the state of the blood after death." No one has been able to communicate the disease to another by inserting the blood of a scarlet fever patient after the manner of vaccinating. Put a drop of prussic acid on the tongue, or even on the nose of a dog, and in a second life is gone. How? Why? By the effect, you say, on the nervous system. Yes, but not by the poison reaching it through the blood. Let us admit, with Dr. Condie, that "there is as the cause of scarlet fever some peculiar morbific condition of atmosphere." We need not on that account be compelled to believe that a noxious something, a poisonous ferment, has entered the blood, and is working mischief. Why does an east wind cause croup in a child healthy an hour before? Or, why does the irritation of teething produce convulsions, or fright throw a child into convulsions or chorea? Why may not the pain, great soreness and irritation of the tonsils and adjacent parts in scarlet fever cause convulsions as readily as teething does? And worms, the bug-bear of many doctors, why charge on them the death of so many children who die from convulsions? They are far too big to get into the blood.

Dr. Morris, at page 67, says: "The nervous centres may be so deeply impressed that death shall ensue from the destruction of the balance necessary to their healthy action." Ah! here we have it; irregular nervous action, but not necessarily induced by poison in the blood. I have yet to be convinced that there is any poison even in the blood of one suffering under vaccination, small-pox or syphilis; the blood of the small-pox patient will not communicate disease; break the vaccine vesicle on the fifth day and touch it with nitrate of silver, and the case is over; destroy the chancre, and the coming bulb disappears. I have seen buboes in the groin, and abscess from a sore on the foot. But I am getting into deep water here, and already hear the sneers of those who see a blood poison in almost every disease, and who are always building up the system by stimulants and rich food.

Forty-three years ago, when in my first course of lectures at the University of Pennsylvania, I was greatly surprised, mortified, to see hundreds of students applauding the eloquent Professor of the Practice of Medicine, then in the zenith of his fame, when, in his strain of biting sarcasm, he alluded to the venerable Prof. Coxe, as holding the exploded doctrines of the Humeral Pathologists. Soli-

dism was then in the ascendancy, and Prof. CHAPMAN was its leading champion.

The opinions held and taught by Coxe, of the University, and Eberle, of the Jefferson College, that the blood was a *living fluid*, and capable of being acted on by noxious agents, and thus rendered a cause of disease to the whole system, was regarded as too farcical to be worth a moment's consideration. Never shall I forget how the erudite and enthusiastic professor of *materia medica* was made the butt of every joke, was satirized, mocked and hooted at by students, who had scarcely mastered their first text-book, because he maintained that the blood was a *living* fluid. Solidism had its day; the doctrine so eloquently set forth by the beloved Chapman, gave character to medical practice during a quarter of a century. But could he now return to college and hospital he would find the practice based upon the views and opinions of Coxe and Eberle, and that solidism, as he taught it to admiring classes, has few to do it reverence. I place this here as a gentle reminder to our aspiring and truly worthy young lecturers and pathologists, that the present popular blood-poison doctrines are not wholly of their own begetting. All honor to Coxe and Eberle, who stood by the truth, as they saw it, through satire, scorn and reproach. True men will follow their example; and now, when nearly all are falling down and worshiping the blood-poison doctrines, I hope a brave few will be found doing battle for rational medicine. The past has amply proved that experience, though hoary with age, has not always known the truth. If Christianity, with the eyes of peace and love on its lips, has come down to us through eighteen centuries, "tramping on heaps of slain and trailing her garments in blood;" if, in the name of liberty, tyranny and oppression have, through ages, done their bloody work, we may well believe, even in view of the great blessings conferred upon mankind by our noble profession, that under the guide and in the name of medical experience, error has drugged to death countless thousands. While, therefore, I have used the ice externally to the neck, and ice or ice water internally to the tonsils, cold affusion to the head, and cool or cold sponging to the body during a longer period, more persistently, and in a greater number of cases than any other physician of whom I have heard, I do not praise these means of cure on account of my long experience alone, but because, having tried every other mode of treatment in use, I have found none to compare with them in point of efficiency or comfort to the patient.

From what has been written by those who have tried the ice and cold water treatment, it has been conclusively proved that it is not a dangerous means of cure (even when a careless nurse has allowed the water of the melting ice on the neck to wet the whole front of the child for days together, I have never seen the least harm arise; indeed, it seemed to be really pleasant to the child); does not prevent the rash from "coming out;" does not "drive it in;" does not "give it cold," and that it may be applied with great advantage in croup, quinsy, glossitis, pharyngitis, laryngitis, scarlatina and diphtheria. In view of all the testimony adduced, is it not the duty of those who lecture, and those who write on scarlet fever and diphtheria, to test this remedy in their practice, that they may speak as those having authority? It is lamentable to know that not one of the authors of recent text-books for students has so tested it as to speak with confidence of its merits or demerits. Young doctors go by hundreds from the colleges, every spring, to commence the old heating, stimulating plan of treatment, and to report that "the disease was epidemic in our region and very fatal."

CÆSAREAN SECTION—A CASE IN SURGERY TWENTY YEARS AGO.

By W. L. APPLEY, M. D.

Of Cochecton, N. Y.

John Rogers. æt. 30 years; laborer; employed by N. Y. & E. R. R. Co. at grading the road, October, 15, 1848, on retiring at night got into a quarrel and fight with a German, who, with a jack-knife, made a Cæsarean section, ripping open the abdomen of Rogers. He lay down upon the floor of the shanty. The point of the knife was round and dull, which I suppose prevented the intestines from being wounded. I was sent for some five miles distant. It was a cold night for October, and I had the Delaware river to ford to get to the patient, so that several hours elapsed from the time of the injury until I arrived. I found him lying on his back and a large portion of his intestines protruded and lay by his side upon the cold and dirty floor. His

friends had given him whisky freely, consequently he did not need chloroform.

I sent to a neighbor and obtained a large milk pan and some warm water. I raised the protruded bowels from the floor by getting both hands under them. An old lady, the only person I could get to assist me, placed the basin of warm water under the protruded bowels, and after washing off the dirt and sand, I replaced them within the cavity of the abdomen and introduced several sutures; I found much difficulty in keeping the intestines from being wounded by the needle. They were inclined to protrude at the wound, and my assistant lacked experience. I finally succeeded in dressing the wound with sutures, adhesive strips, compress and bandage. I visited the patient frequently for a few days. The wound united by the first intention. He was up walking about in two weeks, and in three weeks after the injury he left for other parts. I heard from him occasionally for two or three years, and learned that he did not experience any inconvenience from the wound.

METASTASIS OF PAROTITIS.

By T. H. Laidley, M .D.

Of Carmichæl, Pa.

The change or extension of inflammation of the parotid glands has been a subject of investigation by me for some time in a few cases that came under my observation. I shall note the following case that presented itself but recently as one among similar cases. L. W., æt. 20, returned home to his father's, a distance of 18 miles, walking the entire distance in the rain. When he returned home he complained of symptoms which afterwards proved to be parotitis, as he suspected, having been exposed to its contagion; at the same time he was suffering from severe "cold," resulting from his exposure. At the third day of the attack I was called to see him, and upon examination found he was suffering also from acute orchitis. He was treated with active saline cathartics, and the saline and antimonial mixture of Gross internally, with fomentations of lead water and opium externally. The inflammation gradually ceased, leaving considerable effusion of serum. The gums were slightly touched with mercury, aided by strapping, which resulted in the almost entire absorption of the fluids.

Now the query arises, what produced this condition? Is it, according to the humoral pathologist, a change of morbific matter to a part from which it had previously occupied? Is it by a displacement of irritation, or is it by extension of inflammation to the glands affected? Flint speaks of it "as arising from the operation of the same internal morbid condition which occasions the parotitis." Prof. Dickson says, "It is a translation of the morbid affection from one gland to another, from the heart first assailed to other and more remote organs. That this transference may not only be to the testes in the male, but to the brain, producing phrenitis." In testimony of which he notes three cases coming under his care, in such cases usually resulting in death. In the cases which are the subject of these remarks, the following conditions existed, from which we draw our inference: The parotid gland was inflamed, retaining the same evidence of such a condition when the orchitis was at its highest stage of inflammation; in most of the cases, on or after the second day it developed itself, and in no case was their entire cessation of inflammation of the parotid glands at the commencement or after the inflammation of the testes were fully established; however, we conclude from these observations that there is not in reality a change of this morbid affection, but it is caused from the operation of the same internal morbid condition which causes the parotitis.

TWO CASES OF LUXATION OF THE ELBOW BACKWARD—ONE OF 14 AND THE OTHER OF 16 WEEKS' STANDING—BOTH SUCCESSFULLY REDUCED BY THE AID OF SUBCUTANEOUS SECTION OF THE TRICEPS TENDON, AND RECOVERY WITH NEARLY PERFECT MOTION.*

By Lewis A. Sayre, M. D.,

Professor of Orthopedic and Clinical Surgery, Bellevue Hospital Medical College.

Case I.—Ricardo Gibbs, æt. 5, years, a native of Cuba, came to me on the 9th of August, 1867, with a luxation of the forearm backward, the result of a fall received fourteen weeks previously. The limb was very nearly straight, and fixed at the joint, no motion being manifest. Several attempts had been made in Cuba to reduce it, but they were all unsuccessful. Col. Lewis Lay, of Havana, then sent him to me, and, after a careful examination of the case, I decided that it was worth a trial, although the fibrous adhesions

*Read before the Medical Society of the State of New York, at its annual meeting, January 9th, 1871, and ordered to be published in its Transactions.

were so firm as to give it very much the appearance of bony anchylosis.

Dr. FRANK HAMILTON, and Prof. JAS. M. BUSH, of Kentucky, were called in consultation, who both agreed with me as to the propriety of attempting the reduction.

The boy was perfectly anæsthetized with chloroform by Dr. PAINE, and I made vigorous efforts at reduction by flexion and extension for nearly half an hour, without any manifest charge in the position of the bones, although I succeeded in breaking considerably the fibrous adhesions.

Dr. Hamilton then tried the reduction, but without any better result than my first effort. I made another attempt, and finding that I could not succeed unless I fractured off the olecranon, I requested Dr. Hamilton to divide the triceps tendon subcutaneously, which he did, while I made it very tense by my strong flexion, and in a few minutes I succeeded in making the reduction perfect and complete.

The elbow was secured at a right angle with AHL'S ADAPTABLE POROUS-FELT SPLINT, and kept wet with an evaporating lotion.

The advantage of these splints over all others that I have seen in cases where we wish accuracy of adjustment, with permanency of retention, and at the same time wish to keep the parts wet with lotions, either hot or cold, without any danger of their change of form or position, *can only be appreciated by those who have had practical experience in their application.* In this case it was retained on the arms for several days, without the slightest change in position, although saturated with the lotion all the time, and gave the greatest possible comfort to the patient.

Two days after the operation the arm was much swelled and greatly discolored from the extravasated blood, but it gradually subsided, and on the tenth day the swelling had almost entirely disappeared, but the discoloration lasted for some weeks.

After the tenth day the splint was removed daily, and passive motions given to the joint, with friction to the arm and forearm. And on the twentieth day from the operation the flexion and extension of the elbow could be made complete and without any pain whatever. There was very little *voluntary* power over the brachialis anticus muscle, and electricity was applied to it and the biceps flexor.

This was continued every other day for two months, with friction and passive motion to the joint, by which time he could flex his arm to a right angle, could tie and untie his cravat, and extend his arm nearly straight. He then left for his home, and I have not seen him since, but learned from his father, a few months since, that the motions of his elbow were as good as that of the other.

CASE II.—On the 7th of December, 1870, Dr. E. S. DUNSTER sent to my clinic, at the Charity Hospital, a lad æt. 13 years, who had a luxation of his elbow backward, of thirteen weeks' standing, and had been treated by a druggist in the country, by a straight splint, and of course his arm was quite firmly anchylosed in a perfectly straight position.

Dr. Dunster had tried a few days before to reduce the luxation, but without success, and sent him to me for another effort, if I deemed it advisable. The joint was so inflamed at the time from the result of this effort, that I was afraid to attempt it, and advised ice bags to the part until the inflammation should subside. He was presented again on the following week, and while examining his arm, and before any attempt was made to reduce it, he swooned and was revived with great difficulty. The boy was anæmic from starvation, and the bruit in his neck was like that of a chlorotic girl.

As any anæsthetic in his condition was dangerous, and as it was impossible to perform the operation without it, he was advised to wait until his general health was improved, and for that purpose he was put upon a nutritious diet, with a full allowance of iron and quinine.

Some doubts having been expressed as to the propriety of attempting to reduce the bone, I called a consultation on the 22d of December, 1870. Dr. HEWETT, formerly surgeon U. S. A., advised exsection—some of the other gentlemen also advised this course. Dr. MASON detected the fracture of the coronoid process, which had become attached to the anterior portion of the condyle of the humerus. The arm was *perfectly straight*, and admitted of only the slightest possible motion.

After carefully weighing all the points in the case, I decided not to resect it, as it might be followed by tedious suppuration, and his condition was too feeble to take that risk. Resection of a joint that has been a long time inflamed, and where the periosteum has become thickened, and will readily peel from the bone, so that you can make the exsection *sub-*

periosteally is a very easy matter; but when the bones are in their normal condition, it is impossible to detach the periosteum, except in shreds; and I therefore decided to attempt the reduction, and if it was found impossible to do it, that I would then fracture the olecranon, and take my chances for motion; but at all events have recovery with the arm anchylosed at a *right angle*, which would make it much more useful than in its present position.

He was fully anæsthetized by ether and with some considerable force I succeeded in breaking up the adhesions and flexing the arm to an angle of about 135°, when I was checked by the tension of the triceps, and fearing that the olecranon would fracture if any more force was used, I requested Dr. MASON to divide the triceps, which he did subcutaneously, and almost instantly the forearm was brought to a right angle with the arm, when it was checked from any other flexion by the coronoid process, which was attached to the anterior portion of the condyle of the humerus. By using the forearm as a lever, and with some considerable force, I fractured off this attachment, and succeeded in flexing the arm to an angle of 45°. The arm was secured in this position and treated the same as in the first case. Very little inflammation followed, and at the end of a fortnight passive movements were commenced, and I was informed yesterday by Dr. Dunster that he has every prospect of a recovery with very good, if not perfect, motion. The dislocation had existed sixteen weeks, lacking two days.

Gross, vol. ii. p. 141, says: "The *reduction* of this dislocation is extremely easy, if attended to immediately after its occurrence, but very difficult if it be neglected even for a short time.

"Upon this subject there is no difference of sentiment among practioners, writers and teachers.

"My experience in regard to it is ample and in perfect accordance with that of the profession generally. I have no recollection of ever being foiled in my efforts in a solitary instance of recent dislocation of the elbow joint. While I can recall to mind a large number of cases where everything that could be done proved unavailing after the third week, and sometimes even by the end of the second. I am not prepared to assign any reason for this; to say why a displacement that is always so easily rectified, if properly managed in its early stages, should so soon become utterly resisting, and defying all the best directed efforts of the surgeon."

These two cases show that we may sometimes be successful, even after a longer period than three weeks, and therefore justify the effort.

That there was a fracture of the coronoid process in this case, there can be no possibility of a doubt. Its crescentic edge could be distinctly felt on the anterior surface of the condyles of the humerus, and to which it had become quite firmly attached. And when the forearm was strongly flexed, it was fractured off with a very distinct snap, which was clearly audible to the entire class.

The olecranom was not fractured, nor any other bone, and, therefore, this distinct noise of a fracture must have been made by the fracture of the coronoid from its new attachment.

Hamilton, in his work on Fractures, edition 1863, p. 267, *et seq.*, says:

"Dissections have established the possibility of this fracture as a simple accident in the living subject; but I have not myself seen any example of which I can speak positively."

He relates two cases in which the existence of such a fracture was at first suspected, but in regard to which he afterward had very little doubt that his diagnosis was incorrect. After analyzing the reported cases, he concludes:

"The fact, therefore, that so few cases have been reported, and that most of these are far from being clearly made out, remains presumptive evidence that the actual cases are extremely rare. But if to this we add such negative evidence as is furnished by actual dissections and examinations of the pathological cabinets of the world, we think the testimony almost conclusive."

"Only four specimens have been mentioned by any of the surgical writers known to me," and these four he shows to be not altogether satisfactory, and concludes: "We are therefore left as before with no evidence that the coronoid process was ever broken by the action of a muscle, and with only one example in which it is probable a fracture occurred as a consequence of a dislocation of the radius and ulna backward."

The last one of my two cases I feel quite confident can be added to this list, and Dr. MOSELY, Demonstrator of Anatomy in Bellevue Hospital Medical College, showed me

a specimen, a few days since, which he had obtained in the dissecting room, in which there was distinct fracture of the coronoid process, and union by ligamentous junction.

Dr. DARLING, Professor of Anatomy in the Medical University of New York, has another specimen, which was presented to him by Dr. BRADLEY, of this city, which is almost the exact counterpart of my second case—luxation of both bones backward, and fracture of the coronoid process—which had become anchylosed to the anterior portion of the condyle of the humerus.

The rarity of this accident, according to Hamilton, and the difficuly of its treatment, according to Gross, and which in this instance was so perfectly successful, has appeared to me a sufficient reason for placing the facts before the society for permanent record.

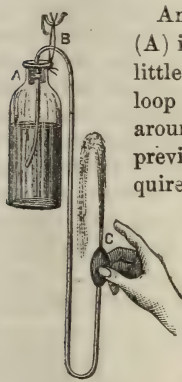
285 *5th Av., January* 20, 1871.

NASAL CATARRH.

By M. F. POTTER, M. D.,

Of Kaneville, Ill.

Nasal catarrh has formerly been styled one of the "Opprobria Medicorum," not so much from ignorance of a remedy, as from a want of a suitable means of applying it. The Thudichum's douche has provided a simple means for the local medication of the nasal cavities, and is justly regarded as a step forward in the therapeutics of those organs.



An ordinary pint or quart bottle (A) is suspended to a nail or hook a little higher than the head by a loop of cord two inches long, tied around its neck, the bottle being previously filled with the liquid required. Through this loop the end of a firm rubber tube 4 feet long is drawn, and carried down near the bottom of the bottle. The tube is retained firmly in its place by the tension of the loop from the weight of the bottle. To the other end of the tube a small nasal plug (C) is attached. This plug is made of India rubber, and is elastic.

Two of its features restrict its sale and retard its general introduction, viz.: 1. Its bulk; 2. Its frailty. A reservoir holding a quart is a bulky affair for the saddle-bags of a country doctor, or the satchel of a traveling patient. If made as it always should be, of glass, and with a spout at the bottom, it is a *frail* affair too; and once broken nothing in the house can supply its place, but another must be procured. Syphon douches have been devised, but all I have seen are open more or less to the above objection. These faults are more or less the results of imperfect construction than inherent defects, which I have endeavored to remove in the instrument represented in the accompanying cut.

To operate the instrument, the nasal bulb (C) is compressed between the thumb and two middle fingers, till the opposite sides are in contact. Then hold the forefinger over the orifice while the bulb is allowed to expand. The liquid will immediately flow along the tube and escape from the bulb through the tubular orifice in a jet a foot or more in height. For cleansing the nasal cavities, the nasal plug should be applied to the nostril as soon as the finger is removed; when, if the head be inclined forward and the mouth be kept open, the liquid will escape by the other nostril. For irrigating the eyes, syringing the ears, or cleansing wounds, or for many other purposes required by the surgeon, this will be found a useful and convenient device. In the treatment of nasal catarrh, the most effectual remedy I have tried is common salt, of the strength of ½ ounce to the quart. In using it, the following rule is of great importance, viz.: Never use the liquid less than 100 degrees Farenheit. This is all important.

HOSPITAL REPORTS.

UNIVERSITY OF PENNSYLVANIA.

Results of Operations.

BY DE F. WILLARD, M. D.

Knowing that the readers of the THE REPORTER would be glad to learn the *actual results* of the operations from time to time described in this journal; I have prepared the following account of each and every case which has been thus reported:

The present account will include the recorded cases of Dr. J. E. GARRETSON'S, those of Prof. AGNEW being reserved for a future occasion.

Favorable results are, of course, the object of all operations—that such a result is not obtained, is due to three main causes. *First*, The operator may be at fault, in failing to diagnose the affection which he is to treat, in which case, he is certainly liable to apply the wrong method of cure; or again, diagnosing accurately the actual condition, he may

on the other hand, still lack the appreciation of the proper means to be applied for its relief.

Secondly, The fault may lie with the patient, in the existence of any constitutional taint, vice or present condition which may baffle and successfully counteract any reparative process which nature attempts. These unfavorable cases may sometimes be diagnosed by the surgeon previous to an operation, and would lead him to weigh well the individual chances of that particular patient, since he would thus often avoid most unpleasant failures. Syphilitic saturation, a strong hereditary predisposition, recent recovery from an attack of sickness, and many other conditions, should lead at least to sober consideration.

Thirdly, A failure may result from accidents, over which neither surgeon or patient have any control, as erysipelas, gangrene, etc., etc. These accidents are not unfrequent and should always be borne in mind, since by their occurrence the patient may not only be placed in a worse condition than before, but life may even be the forfeit.

Remembering, then, the uncertainties of surgical interference, it cannot be otherwise than that we look back with some satisfaction upon the uninterrupted series of successful cases of the University Clinic.

These cases were all presented to the class, from time to time, during the course of their recovery, that they might have the opportunity of watching the accurate results of the treatment; but it was thought more convenient to defer the account to the readers of THE REPORTER until the cases all could be arranged together, and also to allow a sufficient lapse of time to speak positively as to the final result.

Angionoma.

In THE REPORTER of October 15th, 1870, under the above head, was recorded a case of a most formidable vascular tumor—an aneurism by anastomosis—of the size of a small orange, situated in the neighborhood of the angle of the jaw. It was upon the person of a little infant only six months old, and had existed from birth, but at the time of the operation was growing with such extreme rapidity as to threaten speedy ulceration and consequent death by hemorrhage.

It will be remembered that, vascular as it was, it was removed by the knife and ligature, the flaps being first turned off, and the parts dissected away to a considerable depth, after which a strong ligature was thrown around its base. The dressing consisted of carbolized oil, which was immediately bound upon the wound, the flaps being allowed to hang loose until the separation of the slough, which took place on the fifth day, when they were turned down and fastened in position, when speedy union followed. There was but slight suppuration, and no unfavorable symptoms arose. Facial paralysis was at first quite marked, from the division of some of the filaments of the seventh nerve, but it gradually improved, and a letter just received (Jan. 30) from the physician of the child, states that it is now only perceptible when the movements are extreme, as in violent crying. He reports the scar but slightly visible; the parts nearly in their normal condition, and the cure altogether perfect. The child required some support, and whisky was freely given until the system rallied. There is no appearance of any return of the difficulty.

Deformity of the Mouth.

(REPORTER, Oct. 15, 1870.)

This case was a boy who was suffering from a twisted, puckered condition of the left oral angle, consequent upon the contraction of the cicatrix of a slough following scarlatina. DIEFFENBACH'S operation, consisting of dissecting away all the tissues down to the mucous membrane, and turning this latter over upon the free surface of the wound, was performed for his relief, and the cure was most satisfactory. Union speedily took place, and the resulting scar is scarcely perceptible. The two angles are now symmetrical, and sufficient time has already elapsed to allow of full contraction.

Epulic Tumor.

(REPORTER, Aug. 13, 1870)

This was a small tumor, and was easily cured by simply pulling the tooth and cutting away the congested gum. There has been no return of the difficulty.

Alveolar Abscess.

(REPORTER, July 30, 1870.)

The two cases were recorded at length in the journal of above date. One was an abscess following periodontitis of the second molar tooth of the upper jaw, the pus not discharging upon the surface, but making its way into the antrum, when, blocking up the orifice into the middle meatus, its constant accumulation expanded and pressed upon the walls to such an extent as to render the anterior plate almost necrosed. This was, therefore, removed to allow free escape of the pus; and the cyst which had formed was daily syringed with dilute phenol sodique, which had the effect of producing healthy granulations, and speedy and complete cessation of the discharge.

The other case was one in which the discharge had continued four years, and although pieces of dead bone had been discharged from the sinus upon the cheek, yet its periodontal character had not been recognized. The tooth was extracted, and the pieces of bone all removed, by dilating the sinus with cotton tents until delicate forceps could be introduced. After all foreign and irritating material had been thus taken away, healing was invited by the ap-

plication of iodine upon pledgets of cotton, with such gratifying results that the discharge had entirely ceased, and the sinus closed in the space of three weeks, much to the delight of the patient, who had long been a patient sufferer.

The four cases described under the head, "Tumefactions of the Lateral and Submaxillary Regions," in THE REPORTER of Nov. 5th, 1870, all did well, and the sinuses healed after the removal of the exciting causes.

The fourth case, one of inflammation associated with fracture, progressed to suppuration, when the abscess was freely laid open, and her strength supported by stimulants and tonics until recovery took place. The union of the fracture was most satisfactory and without any deformity.

Neuralgia.

(REPORTER, Nov. 19, 1870.)

This case will probably be remembered. An old man, 80 years of age, had suffered from this painful malady for 60 years, and for its relief had swallowed almost "drug stores of medicine." His case was critically examined, and every conceivable cause fully explored. The result was, that two conditions were found, each capable of producing the difficulty. One of these was a long, chronic periodontitis of an old fang, while the other was the abrasion or wearing down of the teeth, thus encroaching upon the pulp cavity; two of the nine favoring conditions which were enumertaed at that time. The fangs and abraded teeth were simply extracted, and with what result? After all these years of torture, the man returned to the clinic in a week to report himself greatly improved. In another week the change was even more favorable; in another, he expressed himself almost free from pain, and was then discharged with the injunction to return upon the slightest reappearance of the difficulty. For three months, however, he has not made his appearance, although always before regular, and it is, therefore, fair to suppose that he is free from pain and doing well.

Cysto-succulent Tumor of the Jaw.

(REPORTER, July 13, 1870.)

This rare and interesting case, which belonged to the order "Telangiectasia," and which was apparently intimately associated with the face of the lower maxilla, was successfully removed by the knife without any serious loss of blood, in fact not a ligature being applied. It was situated in front of the angle of the jaw, and was of thirteen years standing, having never been the seat of any serious or protracted pain. Its cyst was but imperfectly developed, being gradually lost as the bone was approached, yet it was evidently a vascular tumor, somewhat allied to nævus, but isolated or encysted.

The wound healed nicely, and the resulting scar is barely distinguishable at the present time. Six months have elapsed since the operation, and she has been in excellent health, there being no tendency to a return of the disease until last week, when she presented herself at the clinic, with a small projection at the former site, which feels like a dilated tortuous vein. This may demand a further operation, but it does not yet sanction any interference. Should it increase in size, the question of removal will then be considered.

The case of "Tonsillotomy", in the same number, did perfectly well, as have all the similar cases which have since been operated upon.

Nævus.

(REPORTER, Jan. 7, 1871.)

This was a case where a large vascular tumor upon the cheek was spontaneously cured by the application of a ligature upon a smaller one on the forehead. This could only be explained by an abnormal distribution of the arteries in this particular case. The slough has now separated and promises a complete cure, as soon as the resulting ulcer heals.

The "Salivary Fistule" reported in the same number of the journal was completely cured by the operation, which consisted in cutting through the intervening tissue, between the bottom of the fistule and the cavity of the mouth, with a loop of silk. The saliva being thus turned into the oral cavity, opportunity was given for closure of the sinus.

Double Hare-Lip.

(REPORTER, Jan. 14, 1871.)

Two cases were recorded in the above number. One, the man, was a most troublesome case, for, owing to some peculiar condition of his system, the ordinary reparatory powers of nature seemed in abeyance, and although the edges were placed in accurate opposition, yet, when the time arrived, on the third day, for removing the pins, it was discovered that no attempt at union had occurred, and in this condition it continued until the fifth day, when it became absolutely necessary to remove the pins, since they were beginning to ulcerate. Still the parts remained ununited, and the only resource was to fasten and hold the flaps in position by adhesive strips; and there they were obliged to be held since they still refused to perform that process which we call union. The edges were soft, pasty, and flabby, the granulations being in a similar condition, and the discharge was excessive and unhealthy. Seeing that the fault must lie in deficient nutrition, stimulants in the form of milk punch were freely given, and good food and tonics ordered to be generously administered. The effect was immediate, and in a few days the granulations assumed a more florid hue, the pus became more healthy, and in a short time union was effected, and the case progressed favorably in every way, the cure being very good, and

the appearance satisfactorily improved. Nature is rapidly rounding off all projections, and the man will be but little disfigured. The case is interesting, from the length of time required for union, and the difficulty with which it was secured, as well as from the excellent effect of the building up of the system, and the compelling of the wound to unite even when it seemed unwilling. Had the adhesive strips been omitted, or the tonics neglected, the operation would have been a complete failure.

The second case—the little babe—so terribly deformed, it will be remembered had a huge fleshy mass hanging from the septum nasi, as well as double hare-lip and cleft palate. This mass was cut away and the edges of the lip brought together as in simple hare-lip. Union was excellent, and the appearance of the child improved wonderfully It had no accidents, and left the ward in a few days with the parts almost healed. At the present time, several weeks after the operation, there is but a slight scar remaining.

The cases of Epithelioma recorded in the REPORTER of June 18th, 1870, all did perfectly well, as have a great number of similar cases which have since presented themselves, but have not been reported. In many instances union has been truly by first intention. The same may be said of all the hare-lip cases, of which there have been a number—all have been very successful.

The operations for ranula, nævus, etc., of above date, were likewise successes.

The above is an accurate list of the cases which have been brought to the notice of the readers of this journal. For a full report see the common clinical report, which will be issued on commencement day.

PHILADELPHIA HOSPITAL.

January 14, 1871.

Clinical service of WM. H. PANCOAST, M. D., Surgeon to Philadelphia Hospital, to Charity Hospital, Demonstrator of Anatomy, Jefferson Medical College, Lecturer on Surgical and Visceral Anatomy in Summer School of the College, etc.

[REPORTED BY RALPH M. TOWNSEND, M. D.]

GENTLEMEN: I commence my clinic this morning by bringing before you two cases of fracture in different stages of progress. There is a physiognomy about a broken limb which often reveals its nature at a glance to an experienced eye; and a look at this woman's arm will tell you that she suffers from a fractured humerus. It is a recent fracture; she has just come into the hospital, and I saw her yesterday for the first. You can see from the manner in which she supports the arm that its function is impaired. The arm is swollen, and much thicker than the other; and in addition, there is marked suggillation, which extends from the middle of the arm far down the forearm to near the wrist. This suggillation is characteristic of a broken bone; where there is but a bruise of the integuments, discoloration is only local, an ecchymosis, but where the bone is fractured, the torn blood-vessels pour out their contents in the deep parts of the limb, and the blood being carried down between the planes of the muscles, the discoloration, as I show you here, is exhibited upon the limb, even at a great distance from the line of fracture. I have seen this discoloration extending down even into the palm of the hand in cases of broken arms; and still more often when the fracture was at the forearm; and also in the foot, when the leg has been broken. On examining this limb more closely, as I take hold of it, there is a preternatural mobility at the middle of the arm, as I now move it gently, and the arm is thicker and shorter than the other one. This shortening and thickening is due to the over-lapping of the fragments.

Bones act as splints to the muscles, and when their continuity is destroyed, the spasmodic action of the muscles draws the fragments, one over the other, when the line of fracture permits it, and thus causes the greater thickness of the arm. The bones act as splints to the soft parts, and if the skeleton could be made to disappear from the body, the soft parts would contract to the semblance of a ball. The dressing which has been applied consists of two rectangular splints, well padded and wrapped with bandage, the short, inside one, extending down from the axilla to the palm of the hand, the outside one from the shoulder to the back of the fingers, allowing them some little motion. The whole is retained in place by bandages, the arm supported in a sling, with a lotion of lead-water and laudanum freely applied to the arm. For all simple fractures of the arm and forearm, except at the neck of the humerus and the coronoid process of the ulna, I prefer splints made from light wood. Long segar boxes I have found very convenient, as you can easily cut them up, and by fastening them together by tacks, make rectangular splints of any required length or breadth; or straight splints for the forearm, or one straight splint for fracture of the olecranon, applied on the front of the limb, from the middle of the forearm to the middle of the arm. Having now reapplied this dressing to the patient's arm, we will continue it until the continuity of the bone is sufficiently restored, with whatever additional anti-pholgistic or general treatment she may require, removing the splints in a few days, to refresh the limb and make passive motion at the elbow and hand.

This poor man, whom I next show you, has suffered from a fractured fibula; the union is now per

fect. I treat an ordinary fracture of this bone very simply; as it is fastened above and below to the tibia, the tibia acts as a natural splint to it. I applied a light pillow, linedwith oil silk, and then covered with linen to the limb a light splint on each outer side of the pillow, and the whole lightly and firmly supported to the limb by strips of bandage tied around it. This allows me to keep down the inflammation with a lotion of lead-water and laudanum, and a light dressing makes the patient much more comfortable in his bed than a heavy fracture-box.

A previous mishap broke both bones of his other leg, and recovery has been attended by marked deformity. For the first accident he was not under my treatment. In case of a compound fracture of both bones of the leg, don't hesitate to enlarge the opening, if necessary, and cut off the ends of the bone where you find great difficulty in their approximation. It is so important that the bones shall lie easily together, and that the muscles shall not be spasmodically contracted, so as to prevent strangulation of the limb.

Nowhere can your ingenuity and inventive skill be better shown than in the treatment of bad fractures. I remember a case that came under my charge during the war, in the Sixth and Master streets U. S. Army Hospital. It had been treated by a surgeon of the "other side." Animated by a desire to save life and limb, but without proper apparatus at his disposal, he had splinted a fracture of the femur with fence-rails. An entire rail, for the outer splint, reached from the foot to the axilla; and a shorter one, roughly hewn, from the groin to the inner ankle. So skilfully were these rail splints applied that the patient had suffered no inconvenience; the ends of the bones had been kept in perfect apposition, and union was satisfactorily progressing. This poor man also suffers from

Conjunctivitis

of his only remaining eye, which he implores me to save. The blood vessels not only run to, but over, the cornea. This house is rich in similar cases. Scarification is of the greatest importance here. As a student, I was taught not to cut the cornea on account of its low vitality; but experience has learned me diferent from this. I can assure you as a result of treating many cases, both in hospital and private practice, that the best treatment for an injected cornea is division of its blood vessels. They should not run in the cornea.

[The congested vessels on the cornea were now divided on the surface between the centre of vision and the margins of the cornea, so as not to have any scar over the front of the pupil, and from the continuity of the vessels on the sclerotic coat, were divided in a circle around the cornea, the parts being delicately handled, and thus the source of inflammatory supply cut off. The eye was then freely bathed in warm water to promote bleeding, and a lotion of zinci. sulphat. and aqua rosæ was ordered, also the application of a cold starch poultice.—R. M. T.]

Talipes Equino Varus.

I show you here the worst case of this deformity, with the exception of one, that I have ever seen among the now many cases that I have cured. So seriously has this lad been afflitced by his deformity that he visited my office, requesting me to amputate his leg. An attack of intermittent fever when he was a babe, eighteen months old, followed by congestion of the brain, is ascribed as the cause of his present condition. It is an interesting feature in the case, that, while tossing about in a semi-comotose condition, an abcess broke and emptied itself from the external meatus of the ear, on the same side as this deformity. After the breaking of the abscess the brain symptoms were relieved, the babe regained its health, and has grown to his present stature, and has reached the age of 13 years, and presents himself to us with this present great deformity. The calf of his left leg is almost entirely withered away, the tendo achilles is shortened by almost two inches; the inside of the foot is turned up and strongly flexed, and shortened so that this callous skin of a rounded heel is directly over the cuboid bone, while the natural heel remains soft and delicate from want of use, the lad walking on the other and unnatural heel. Such a deformity as this reacts upon the individual's mental organism, the asperity of Byron's character, as you know, being ascribed to his mortification at his club-foot deformity. Before operating upon a case like this, it is well to have a plaster cast taken of the deformity. If you do not, after you have cured your patients it will be difficult to make them believe the service you have rendered.

[Dr. PANCOAST now placed the patient under the influence of ether, and then divided sub-cutaneously the tendo-achillis, by making a puncture with a small, sharp pointed bistoury, and pushing through the puncture a blunt sabre-shaped tenotome flatwise between the skin and tendon, and then, turning the edge against the tendon, and forcing the foot upward with his other hand, made the tendon cut itself against the knife, thus avoiding hemorrhage. The heel was then brought well down. He now made a puncture on the lower side of the foot, and divided sub-cutaneously very freely the plantar fascia. The foot still resisting external flexion, he reintroduced the blunt pointed tenotome, and cut down on the tendinous insertions of the tibialis anticus and tibialis posticus with marked benefit; and now, grasping the leg above and the sole of the foot, made forced external flexion of the foot, being careful not to break any bones. A marked improvement was the result of the operative procedure. The heel was well down, the foot flexed well up toward the leg, and the former heal resumed its natural position, on the dorsal aspect of the foot. The wounds, from which hardly any blood had flowed, were covered with adhesive plaster, a band-

age being carefully applied from the toes to the knee; an appropriate mechanical apparatus was applied to the limb, with two screw motions; one screw on the outside to bring down the heel, another in the sole of the apparatus to force the foot outward. So that by this arrangement the talipes equino varus would be throughly counteracted. The result was a perfect success, the foot in the instrument assuming a natural position. Dr. Pancoast further remarked that in his experience he had fouud it best, on applying the instrument for the first time, to force the screws strongly, so as to bring the foot into the most natural position possible. At the end of the next 24 hours, as he will do in this case, to remove the instrument and bandages, and then bathe the limb with whisky or alcohol, so as to prevent the apparatus from bruising the foot. Then, to reapply the bandages and instrument; screw the instrumeat only as much as the patient can comfortably bear, each day pursuing the same plan, and tightening up the instrument gradually, thread by thread, applying as much tension as can be comfortably borne.—R. M. T.]

A female patient was now brought before the class, who had been operated on at the last clinic of the lecturer for the deformity called ægilops (resembling goat eyes). She had been kicked in the face, and as a consequence an abscess had formed at the inner canthus of each eye, covering nearly half of each palpebral fissure. The abscess at the left canthus did not involve the lachrymal sac, as there was no epiphora, but Dr. W. H. Pancoast stated at the time, that he feared the abscess on the right side involved the sac. At that lecture he simply punctured the abscess on each eye, applying afterward oxide of zinc ointment to the surface of the wounds, and then over them a starch poultice. He now hows the patient to the class much improved; the unnatural swelling and deformity have almost entirely disappeared. The left eye is nearly well, but the inflammation still exists in the right lachrymal sac, and there is much overflow of the tears. He therefore first examined both nasal ducts from the nostril, with the sounds of La Forrest, and finding the passage clear in the nose, concluded that the inflammation must have made a stricture in the sac in one of the canaliculi above. He therefore passed in a delicate groove dissector, of Dr. Lensis' pattern, into the lower canaliculus and slit the canal up after Mr. Bowman's method, and penetrated from above into the sac. He then passed a delicate metal bougie in on the groove director, and dilated the passage.

The next patient was a man with a large, soft chancre at the root of the penis, with accompanying suppurating bubo. The bubo was opened somewhat perpendicularly, so as to make good drainage; the chancre the lecturer touched freely with chloride of zinc, ordering to be applied aromatic wine and tannin, and if any inflammation supervenes, to cover the penis with a solution of lead-water and laudanum, giving the patient internally a pill of

R. Hydrarg. pulv. iod., gr. j.
Pulv. opii, gr. ¼.
Pul. gum guiac., gr. iij. M.
Sig.—Three times a day, so as to just wet the gums gently, but not to sallivate.

When a pale line shows itself on the gums stop the mercury. The lecturer described briefly the three stages of syphilis, and said that when a patient comes to him with a hard chancre, and will permit it, he immediately cuts out the chancre, if its situation will allow of the procedure. The chancre is then certainly removed, and he cauterizes the wound with chloride of zinc.

Irreducible Hernia, with Slight Symptoms of Strangulation.

I now bring before you a patient affected with scrotal hernia, which, for the last two weeks, has resisted all attempts at reduction. He is obstinately constipated, cathartics and enemata being required to produce an evacuation of the bowels. All attempts at reduction by taxis have failed. There is, to my mind, evidently a fastening of the coverings of the hernia at the external abdominal ring, which prevents the return of the bowel; a slight strangulation of the bowel at the ring. This explains his obstinate constipation, and at the same time proves that he is in danger, for a very little more inflammation, making a complete strangulation of the bowel, would put his life at risk; and at any moment he may become an emergency case, and oblige either myself, or in my absence one of my colleagues, to lay open these coverings, and expose the sac of the hernia or the bowel, with the attendant risk of peritonitis.

To save the patient, then, from increased danger, I propose to reduce this hernia by a subcutaneous operation.

[The patient being thoroughly etherized, Dr. Pancoast invaginated the scrotum with the index finger of the left hand, pressing it over the hernial tumor until he felt distinctly its neck; then with the other hand he punctured the skin and superficial fascia with a bistoury, about an inch and a half below the ring. Through this puncture he pushed a sharp-ended, broad groove director through the superficial fascia, until he worked the point under the edge of the external abdominal ring. He then held the director with his left hand and pushed with the other a sharp-pointed curved bistoury, with its back in the groove of the director, and tilted the knife so as to push the point under the edge of the ring, and then cut it slightly directly upward. As the hernia still resisted taxis, he reintroduced the knife and cut some fibres of the ring which yet resisted, and almost before he could withdraw the director, the bowel returned spontaneously into the cavity of the abdomen.

January 28, 1871.—The patient walked in before the class. Has had no trouble since the operation; is much relieved of pain, and his bowels move spontaneously.—R. M. T.]

COLLEGE OF PHYSICIANS AND SURGEONS, NEW YORK.

January 27th, 1871.

DISEASES OF WOMEN.

Clinic of Prof. T. G. THOMAS.

Placenta Previa.

Dr. THOMAS presented a specimen of uterus with placenta, with the following history:

Harriet B., æt. 24; married; at 15 menstruated. At the time of death was in the eighth month of pregnancy. On the 13th of January was taken with hemorrhage, but refused to allow the attending physician to make an examination. On the 24th hemorrhage returned, and in 18 hours patient died.

Post-mortem, twenty-two minutes after death.—The uterus was found to contain a female fetus, with the head presenting. The amniotic fluids were but slightly lost. At first it appeared that there was no sign of lesion to account for the bleeding; but on minute inspection, a portion of placenta, the size of a Spanish dollar, was found ripped up.

Dr. Thomas said that this was a case of partial placenta previa, the dilation of the internal os being the cause of the separation. Dr. T. said that in his opinion the labor should be reckoned as continuing during the last month, and not merely for a few hours. Or in other words, the os internum begins to dilate at the end of the eighth month. In this manner the accident is easily accounted for.

Sterility—Operation.

The patient, who was present last week with sterility from endocervicitis, again presented herself. She was placed in Sims' position, the speculum applied, and cervix hooked down with the tenaculum. The steel curette was then introduced to the internal os—about 1½ inches—and the whole of the canal denuded of its mucous membrane, the operation lasting but for about two minutes. A pledget of lint was then introduced to prevent adhesion of the opposing walls.

Dr. Thomas said that in one case he did not apply the lint, but afterward had to operate for closure of the cervical canal. He had performed this operation many times, and but in two instances had he met with peritonitis. In both of the cases in which this accident occurred the result was attributed to undue exposure and exertion.

Sterility

Mrs. W., æt. 23; married 2½ years; sterile. Suffers every month with much pain. When she is unwell, sometimes it lasts three days, and sometimes a week.

A vaginal examination shows a very small os uteri with constricted cervix. By introducing tents once a week, the cervix would be made sufficiently large to allow the escape of menstrual blood, and the ingress of semen.

Last year a similar case presented itself, and after the use of three tents the patient conceived.

Granular Condition of Cervix.

Mrs. M., married 13 years; youngest child 9 years; since then has been sterile, and has complained of severe pain now and then in the left side of the pelvis. Has also irritability of her bladder; but no pain at monthly periods. On making a vaginal examination the cervix is found granular. This embraces the os, and extends and involves the upper part of the vagina. The discharge has caused much excoriation on the thighs. The uterus itself is slightly antiflexed.

Dr. BENNET, of London, calls this *ulceration of the os*, but it bears the same relation to ulceration as do granular lids.

It would be impossible to tell the patient she can be cured, though in all probability much may be done to relieve her. A saturated solution of chromic acid will be applied carefully, with a *pig's hair* brush, so that none of the solution will touch the healthy vagina, and for this purpose, before the bristle brush is introduced, it is to be rubbed on a piece of dry cloth, inasmuch as a single drop of the solution might give rise to severe vaginitis. After the application the small syringe is used to remove any superfluity. The patient will also be ordered to use as an injection of one or two gallons of water morning and evening.

In twelve months much change for the better may be hoped for, but not before.

If possible, she will be exhibited at the end of the present course, but in all probability with this case, as well as others, she may get dissatisfied and fall into other hands.

EDITORIAL DEPARTMENT.

PERISCOPE.

On the Conditions of Disease Demanding Abstraction of Blood.

CASES OF MECHANICAL SHOCK.

The teachings of the writers of twenty-five years ago, when the reaction against bloodletting set in, told greatly and effectively against the abstraction of blood after mechanical shock. It was teaching diametrically opposed to the learning and observations of centuries, but it had its way, and it has been generally adopted. It is, perhaps, not altogether bad teaching, but it is certainly too sweep-

ing. Mechanical concussion differs from lightning-stroke and sun-stroke, in that it does not increase the tension of the venous blood. It paralyses the muscular system through the nervous system, and it is probable that after such paralysis it were best to endeavor to restore by the application of warmth and the administration of a stimulant, rather than by abstraction of blood. I would not, therefore, put forward bloodletting in such instances, although, at the same time, I cannot conceal the suspicion, that, in some cases, the old men were right in trying to draw blood. It is certain enough, from the history of surgery, that the fathers of our art, coming to persons who had been apparently so stunned as to be, to common observation, dead, were successful in restoring motion of blood through the vessels of the body by drawing a current of blood from an open vein. I do not press the point, however, because we have in these days no evidence to guide us, except the *littera scripta* of the past. But there is a condition of reaction after recovery from the paralysis of shock which may call urgently for abstraction of blood. In the condition of which I speak, the heart, recovering first from the general shock, pours into the feebly-resisting capillary vessels a full volume of blood, leading to what is called congestion of vascular organs, and to secondary mischiefs resulting from congestion. In these circumstances the pulse becomes resistant, the veins full, the breathing labored, the body hot; while the unconsciousness from the paralysis passes into unconsciousness from coma. Twice, in cases such as I describe, I have seen the abstraction of blood from a vein, until the tension of the vessels was relieved, lead to the most perfect of results; and both theory and practice bring me to the conclusion that this condition is one demanding abstraction.

This same rule would apply to cases of shock following some large surgical operations, and this view is confirmed by Mr. Spencer Wells, who, after the great operation of ovariotomy, has several times taken blood to meet particular and serious symptoms. I asked Mr. Wells to be good enough to give me a brief note on the general results of taking blood in his cases, and thus he writes:

"As to bleeding after ovariotomy, my conclusions are that it is most useful when there is *mechanical* cause for suffering, as congested lungs and oppressed heart, or sudden loss of balance between heart and blood, owing to removal of a large tumor which contained large vessels and received a free supply of blood. But when we have true surgical fever to deal with, which I suppose is either septicæmia or pyæmia, or one of the two opposed conditions of excess or deficiency of fibrine—and I think we are making out the different forms of fever with which these different blood changes are associated—then I have always found bleeding to do more harm than good; more than once it has seemed to me to be certainly the direct cause of rapid sinking."

I shall deal with the last point noticed by Mr. Wells further on.

CASES OF REACTION FROM EXPOSURE TO COLD.

In cases where the body has been exposed to what may be correctly called the shock of extreme cold, we have, during reaction, a series of symptoms similar to those which follow the reaction after shock from a blow or concussion. We have the same hard pulse, tense veins, congestion. When these cases end rapidly, we usually return them as cases of acute congestion of the lungs. Well, in truth, they are attended, not with congestion of the lungs alone, but of all the vascular organs; and when they do not terminate at once in death, but run what is called their natural course, they pass into conditions of disease—"inflammation,"—of some particular organ; lung, kidney, liver, spleen. The ancients were accustomed to bleed in all stages of this condition—in which practice they were, I think, wrong. But there is one stage in which, when they bleed, they were essentially right—I mean the stage of acute reaction, before there is any organic change of structure from congestion and from effusion through the distended vessels. To draw blood freely in this stage is simply to cure off-hand. I was taught this lesson of treatment from the experience of a very excellent practitioner, twenty-five years ago. I have always followed it, when permission was allowed me; I have never seen a bad result from it; I have cured at once by it; and I have seen the worst results from the omission of the practice. It is pitiable to hear, as is constantly heard, of young, strong, active people, who, by accident or surgical operation, might lose blood without any expectation of danger, to hear of such being allowed to die from acute congestion because it is not now the fashion to take the blood (which they might lose by operation or accident without anxiety) for the direct purpose of saving their lives. These are cases, unhesitatingly, in which the conditions of disease demand the abstraction of blood.

CASES OF CARDIAC CONGESTION.

There is a class of case in which the right side of the heart is dilated and enfeebled, and in which, under some special circumstance, as exposure to cold, excess of food or drink, barometrical change, there is sudden embarrassment of the circulation, oppression of breathing, tenseness of veins, and threatened death. In these cases the veins themselves stand out so fully that you could draw a fair amount of blood without the fillet, if that were desirable; the body is dusky, the eyes injected, the mind restless, the passive oppression intolerable. It happens often in these cases that the patients are advanced in life, or, at all events, are past the

meridian, and on this ground a special objection is taken toward "reducing" them by abstraction of a few ounces of blood; so they are treated with stimulants, with sedatives, with chloric ether, with a blister, and in time they may get relief. They get relief by this process—that, out of the obstructed venous reservoir, a certain quantity of fluid passes into the cellular tissue of different organs by exudation, and a certain amount of further organic disease is thus committed. In these cases it is my practice, whenever I can get the permission, at once to relieve the tension of the venous reservoir by the abstraction of a few ounces of blood from a vein. The effects have to be seen to be fully accredited. There is no exhaustion from this process, but a sense of relief from overwhelming oppression; the heart ceases to struggle against the load it could not before lift up; the dusky color of the body clears away; and the symptoms altogether are relieved, we may say practically, at no more actual cost than would follow if the venous reservoir were allowed to empty itself by passive transudation of serum, and with no secondary train of evils derived from exuded fluid in vital organs. I knew a lady who was bled under the condition I have named after her 80th year, and who was always relieved by the process immediately. I classify passive cardiac congestion from enfeebled right heart as a condition of disease demanding abstraction of blood.

ABSTRACTION OF BLOOD IN CASES OF APOPLECTIC COMA.

Our predecessors were led in all cases of apoplexy to abstract blood. They made on this point a hard-and-fast rule, and people had such confidence in the rule that they insisted on having it carried out. A hundred years ago a surgeon or physician who refused to bleed an apoplexy would have lost caste on all sides, and would probably have been considered guilty of malpraxis. Admitting that our predecessors committed some errors by this hard-and-fast line of practice, they were less guilty of error, I imagine, than we are in this day; for whereas they treated apoplexy and often cured it, we, as a rule, do not treat it at all, but let it take its own course, resorting to a sinapism, a dose of croton oil, or an injection, for the sake of doing something in the right direction, but leaving the case to that most preverse of curers, *Nature*, which, in nine apoplexies out of ten, means that we leave the patient to die.

But suppose there be sudden coma, with or without convulsion, from sudden pressure on the brain, what are the means by which we can hope to relieve? If the pressure be due to exuded serous fluid in the closed cavity of the skull, our object should be to get that fluid back again into circulation. If the pressure be due to paralysis of vessels of the brain or to obstruction to the return of blood from the brain, our object should be to reduce the pressure, and to limit the volume of blood. If the pressure be even from actual effusion of blood, our object should be to expedite the formation of clot, the separation of serum from the clot, and the absorption of the separated serum. Does any one think sinapisms, croton oil, or injections into the rectum are reasonable measures for these important purposes; or does any one see anything very promising in nature of a corrective kind? Under mére nature, in such cases, as far as I know, the unconsciousness remains, the body becomes very hot, the action of the heart increases in force, the skin and mucous surfaces exude copiously, the bronchial tubes become loaded with water, the respiration gets impeded from the accumulation of fluid, the body sinks in temperature, with recurring convulsions; and death, in continued unconsciousness of the patient, closes the chapter. Turn round to bloodletting now as the remedy, and see what it offers. Say we do not always cure by it: Well! is it not better to cure sometimes than never to cure? And what, I repeat, does bleeding offer in apoplexy? It reduces the force of the heat; it reduces the volume of blood; it leads to absorption of serous fluid, if serum be exuded; and it leads to the formation of clot, if blood be exuded. Why, so rational, so purely scientific is the process, that if it had never been discovered, and some one had now discovered it, he—the discoverer—would have been look on as one of the greatest men of this age of physic.

Turn from theory to fact—and the fact I will give is but one of many in illustration of the harmony that prevails between theory and practice in this matter of bloodletting. Mr. Roberts, of St. John's-wood, called me recently to see a gentleman who was suffering from apoplectic coma, with repeated attacks of convulsions. The patient's breathing was stertorous; his mind unconscious; his volition gone; his body, which had been raised in temperature above the natural standard, cooling; his bronchial tubes and trachea loaded with fluid; his eyes fixed, and his pupils contracted. It was clear that the man must die in the course of a few minutes; but we got permission to draw blood *pleno rivo*, and when about twenty ounces had been drawn, the blood (previously very dark) became brighter in color, the convulsion ceased, and the patient, showing a conscious act for the first time for some hours, coughed up and spat out freely the accumulated fluid in his bronchial tubes. When twenty-four ounces of blood had flowed, the pulse had lost its hardness, the veins their tenseness, the pupil its fixed contraction. We stayed there the bleeding. The next morning I saw that patient move from one bed to another, and take part in changing his own dress; and in a few days I heard of him as about in the air, comparatively well.

These are the cases on which our predecessors based their treatment of bloodletting. In our day the case is a wonder; in their day it would have passed as a matter of course. In some cases a difficulty arises from the occurrence of covulsion in comatose states; and in puerperal convulsions, with coma, the difficulty, I know, as to bloodletting, is considerable; for, because the extreme abstraction of blood leads to convulsion, therefore it may be considered unsafe, when there is convulsion present, to take blood. It should be remembered, however, that convulsive action may be induced by pressure upon the nervous centres as certainly as by exhausting those centres of blood; and when in any case there is convulsion with no symptom of exhaustion, but with symptoms of tension, then the convulsion is due to pressure, and abstraction of blood is the remedy. The affirmative points of practice, in the case of coma with convulsion which call for bloodletting are—(*a*) Sustained temperature, or excess of temperature, of the body; (*b*) tense veins; (*c*) hard pulse; (*d*) contracted pupil; (b) (*e*) free exudation of fluid, without coldness, on the skin and mucous surfaces.

In cases of apoplectic coma with the symptoms I have here noted, the conditions of disease demand the abstraction of blood. They demand it, as it seems to me, so urgently that the patient, who is allowed to die without having had given to him the chance of recovery offered by venesection, has been neglected, permitted to succumb by nature, and denied the best of the resources of medical art.

There are, lastly, cases in which coma and convulsion follow on disease of the kidney—cases, so-called, of uræmic coma—in which the abstraction of blood is of the most marked benefit. I have treated of these cases in a special essay in the *Asclepaid*, and have no need to repeat the arguments and facts there detailed. I add, therefore, simply, that some years of experience and experiment since the essay named was written have but more fully confirmed me in considering uræmic coma a condition of disease demanding extraction of blood.

CONCLUSION.

I have notes before me treating of other conditions of disease, in which the abstraction might be fairly considered. There are, I believe, cases of hemorrhage, out of mechanical control, in which rapid abstraction of blood by a vein to syncope would be reasonable and successful practice. Mr. HUNT has referred me to a case of eczema in which bleeding rendered quick and effectual service, and I have a fact or two on the good effect of abstraction of blood in the congestive delirium of typhus; but I leave all these subjects as *sub judice*.

I have also some notes relative to cases in which the abstraction of blood, as practiced by our predecessors, was *bad* practice; but this topic is too wide to be entered upon here, except in one particular, which I dare not leave unnoticed. Both theory and practice show that in confirmed inflammatory conditions, where, upon conjestion, structural change of some important organ has supervened, where the temperature is persistently high, the skin dry, the tongue furred, there is danger in bleeding. I pointed this danger out long ago, and it lies in this—that, during the true inflammatory fever, there is always tendency to deposition of fibrine in the venous side of the circulatory system, and this tendency is increased by the abstraction of blood. Mr. Wells' experience, expressed above, entirely confirms the view thus stated.

And now my present task is over. I have endeavored to avoid doubtful questions, in order to fix attention on what may be said affirmatively and firmly in favor of one of the oldest and grandest remedies. My object has been to bring that remedy out again to the full light of day, to place it on a scientific basis, to reclaim it, to reform it, and to beg your support in the effort.

Reviews and Book Notices.

BOOK NOTICES.

A Treatise on the Chronic Inflammation and Displacements of the Unimpregnated Uterus, by W. H. Byford, A. M., M. D. Second edition, enlarged, with numerous illustrations. Philadelphia: Lindsay & Blakeston. 1871. 1 vol. 8vo., cloth, pp. 249. Price $3.00.

Six years have elapsed since the first edition of Dr. Byford's work, which was received with signal favor by the profession of the country. During that time the author has not been idle, but with much judgment and labor has collected from his own experience and that of others, many facts to enrich the present edition of his monograph. On the present subject it is the best, in our opinion, from the pen of any American. In parts the style is obscure and even faulty, but this detracts little from the merit of the treatise as a work of instruction.

The illustrations are well drawn and printed, and add to the value of the work. In typographical appearance it will satisfy every one.

Satan in Society. By a Physician. Cincinnati and New York: C. F. Vent. 1871. 1 vol. 8vo. pp. 412.

Works addressed to the public with honest intentions to instruct them in any department of science meet our hearty approbation; pseudo-scientific treatises, full of gross exaggerations, sensational and false, deserve no praise. This book is of the latter class. The most creditable passage in it is where the author frankly confesses that he was ashamed to put his name to it, and sent it forth anonymously for that reason. Who he is we care not; that he is a homœopathic lecturer we conclude from one of the cases mentioned; and that he has employed his time to no good purpose we feel sure he will come to confess.

MEDICAL AND SURGICAL REPORTER.

PHILADELPHIA, FEBRUARY 25, 1871.

S. W. BUTLER, M. D., D. G. BRINTON, M. D., Editors.

☞ Medical Society and Clinical Reports, Notes and Observations, Foreign and Domestic Correspondence, News, etc., etc., of general medical interest, are respectfully solicited.

Articles of special importance, such especially as require original experimental research, analysis, or observation, will be liberally paid for.

☞ To insure publication, articles must be *practical, brief* as possible to do justice to the subject, and *carefully prepared*, so as to require little revision.

We particularly value the practical experience of country practitioners, many of whom possess a fund of information that rightfully belongs to the profession.

The Proprietor and Editors disclaim all responsibility for statements made over the names of correspondents.

SOMETHING NEW!

Beginning with the first Number in March, subscribers who receive their REPORTER in a *pink wrapper* will please understand that a payment is due from them. Bills have been sent to all, and we hope that this *constant reminder* will induce the thoughtless ones to respond *at once*. As soon as payment is received *in advance of date*, the wrapper will be changed.

INTEMPERANCE A DISEASE.

The time has come in the history of medicine when intemperance is beginning to be reckoned among the positive diseases which require the interposition of medical science and skill. A recent convention held in New York city (the Proceedings of which we have already spoken of), composed of Superintendents and Directors of Inebriate Asylums, have discussed in that volume the subject in a manner which will claim the earnest attention of physicians who desire to be even with the advanced thought and literature of the profession. In this convention were represented the institutions for the treatment of inebriety at Media, near Philadelphia; at Binghampton and Brooklyn, New York; at Chicago, Ill., and at Boston and Greenwood, Mass. Dr. Willard Parker, of New York, was President, and Dr. Jos. Parrish, of Pennsylvania, Secretary. Papers were read to which we referred, and which are a valuable addition to medical literature.

These papers were carefully considered and discussed, and the members of the convention were so impressed with the importance of more united and effective effort, that they agreed to organize for a more complete investigation of the subject, and for the development of methods of cure, as is shown by the following articles of their plan of organization:

"1. The name of this Association shall be the American Association, for the Cure of Inebriates.

"2. Its members shall consist of Superintendents, Physicians and Delegates from Boards of Directors of Institutions for the treatment of Inebriates.

"3. Its object shall be to study the disease of inebriety, to discuss its proper treatment, and endeavor to bring about a co-operative public sentiment and jurisprudence."

The following concise and comprehensive "Declaration of Principles" illustrates the sentiment of the convention. It was unanimously adopted:

"1. Intemperance is a disease.

"2. It is curable in the same sense that other diseases are.

"3. Its primary cause is a constitutional susceptibility to the alcoholic impression.

"4. This constitutional tendency may be inherited or acquired.

"5. Alcohol has its true place in the arts and sciences. It is valuable as a remedy, and like other remedies, may be abused. In excessive quantity it is a poison, and always acts as such when it produces inebriety.

"6. All methods hitherto employed having proved insufficient for the cure of inebriates, the establishment of asylums for such a purpose, is the great demand of the age.

"7. Every large city should have its local or temporary home for inebriates, and every State, one or more asylums for the treatment and care of such persons.

"8. The law should recognize intemperance as a disease, and provide other means for its management than fines, station-houses and jails."

We hail this movement as a step which is demanded by the civilization of the times, and anticipate from it important results. They have adopted a table of inquiries, to be used in all the institutions, embracing important hygienic and physiological considerations, with a view of exhibiting, at the close of another year, a statistical record, which we think must be of great service to the cause of humanity.

The institution at Media, near this city, reports about forty per cent. of the cases that have been under its care as discharged, cured and usefully employed in their several avocations. Communications concerning the association should be addressed to Joseph Parrish, M. D., Secretary, Media, Pa.

A VALUABLE IMPROVEMENT IN MECHANICAL SURGERY.

The most annoying department of surgery, even to the expert, is the treatment of fractures. Prof. HAMILTON, in his Treatise on Fractures, has shown that, even in the hands of able men, shortening and deformity to some extent very frequently result. This the laity always attribute to the maladroitness or ignorance of the surgeon; and if the patient does not bring suit for malpractice, he never fails to show and descant upon the limb to his various friends. The records of the courts prove that more suits are brought against physicians for this than for all other professional causes combined.

The invention, therefore, which would do away wholly, or in great measure, with the difficulties the surgeon has to contend with, would be a real boon to the profession. This, we think, can be found in Dr. DAVID AHL'S ADAPTABLE POROUS-FELT SPLINTS, those which are referred to in such high terms by Dr. LOUIS A. SAYRE, in his instructive article in this number of THE REPORTER, and an advertisement of which will be found in one of our columns.

We have carefully examined the splints, and read the testimonials of the surgeons who have used them, and are convinced they must in time supplant all other manufactured articles of the kind before the profession, and that a set of them will ere long be considered quite asessential to the outfit of a physician as a pocket case of instruments or an obstetrical forceps.

They obviate all the objections which present themselves in the use of splints from hard substances, as wood or tin; their porosity allows the constant application of water dressing; they can be adapted to any desired shape; they are light, portable, and cheap. In short, to quote the testimonial of Prof. Frank H. Hamilton, to whom we have already referred, "They possess *all* the essential qualities of a good splint, and are superior to any other manufactured splints now in use."

During the war the Surgeon-General purchased over two thousand sets for army purposes, so that many of our readers have doubtless used them. Since then the inventor has greatly improved the process of manufacture, increased the number of pieces, and included a set for children. At the request of surgeons who appreciated their value, he has given the manufacture and sale to a general agent, who, we hope, will bring their merits prominently before the profession.

Correspondence.

DOMESTIC.

On Chloral Hydrate.

EDS. MED. AND SURG. REPORTER:

Chloral hydrate truly is a great boon to suffering humanity. Used in a judicious manner, it possesses virtues capable of inducing sleep, relieving pain, dissipating and many times entirely subduing certain diseases dependent on nervous irritation, more speedily and satisfactorily than any other medicine within my knowledge—opiates to the contrary notwithstanding.

Since my previous article, entitled "The Use of Hydrated Chloral in Insanity," published in THE REPORTER, April 30, 1870, I have had much experience with this valuable drug; and the *experimental* use of new remedies being the only *true* source by which the physician can judge their qualities, I propose to cite from memory the three following cases.

CASE I.—Some six or eight months since, Rev. S — applied to me for medical interference for an attack of orbital neuralgia. I gave him a common remedy—quinæ sulphas—from which he derived some benefit; but the paroxysms of pain, after a few days, continued to recur daily. About this time, while conversing with the above-name gentleman, he remarked that he was suffering from a return of his neuralgic trouble, but business demanding his attention, would call soon again and have me prescribe for him.

Having tested the efficiency of chloral hydrate in similar cases, I induced him to remain a short time, by the assurance that I could probably procure him relief in the space of ten minutes. I immediately prepared and administered to him a dose containing ten grains of chloral hydrate. He was rising to leave, but I insisted on his remaining the length of time indicated. Handing him a paper to read, I quietly examined my watch, and in just eight minutes time he declared himself perfectly relieved and free of pain. Previous to this, Rev. S. had been a frequent sufferer from this tormentor of human flesh; but it is gratifying to record that he has not since had a recurrence of the pain.

CASE II.—In the month of November last I removed an atheromatous tumor, about the size of a medium sized almond, from the neck of my nephew, George B., æt. about 21; tall, spare habit and delicate constitution. Fifteen minutes before ope-

rating I gave him twenty-five grains of chloral hydrate. By this procedure the pain attending the incision was, comparatively speaking, completely and satisfactorily mastered. The young man expressed himself as having experienced a feeling of drowsiness during the operation. However, the subsequent part of the operation, that of extirpating the cyst, was accompanied by pain, but of a modified character.

The removal of this tumor being of a minor nature, not requiring much time for its performance, it is true there was not a great deal of pain involved. However, there was a sufficiency to demand obviating measures. These were obtained, as before stated, by the use of chloral hydrate.

By the foregoing case it is clearly indicated that chloral hydrate can be advantageously employed in controlling the pain attending *minor* operations, thereby intercepting the danger necessarily incurred by the use of more potent remedies.

Case III.—Sarah D., æt. 28; four years insane; patient in Hospital for Insane. On the 10th of July last, four days previous to her death from consumption, I was hastily summoned to her bedside, and found her in a convulsion, having had three seizures before I reached her. As soon as practicable, I procured a hypodermic syringe, and injected into her arm three grains of chloral hydrate, the result being an almost instantaneous relaxation of the contractions. In about a half hour, however, there was a paroxysmal return of the spasm. I immediately gave her three grains more of the chloral as a hypodermic injection, with a charming effect—an entire subsidence of the trouble.

The action of the medicine is this instance was both rapid and effectual. For a day or two there was some irritation of the skin, caused by the punctures of the syringe, but it had so nearly disappeared before the patient's dissolution, that there were no symptoms remaining indicative of future ulcerative formation.

A. H. Kunst, M. D.

Hospital for the Insane, Weston, W. Va.

Medical Counsel in Legal Cases.

Eds. Med. and Surg. Reporter:

In a letter to The Reporter, last May, I alluded to the suit, then recently tried, of B. O. Burdick against the New York and Erie Railway Company. As the jury disagreed, the same case was again tried at the January term of the Cayuga Circuit. The plaintiff claimed that in the overturning of a car, two years ago, he received spinal concussion, resulting in permanent disease of the spine and its membranes, causing much pain and diminution of capacity to labor.

For the defense, it was argued and proved that no syptoms of concussion had ever existed, and that the subjective symptoms relied upon to prove spinal disease could not exist without certain objective manifestations, which were absent. In the face of such testimony, by some of the ablest practitioners of western New York, including the Geneva and Buffalo professors of surgery, the jury, deciding between an individual, who was their neighbor, and a great and distant *corporation*, gave to the former a verdict of $6,000.

At the St. Lawrence and Jefferson Circuits, in November and December, I assisted the legal counsel of the Rome, Watertown, and Ogdensburgh Railroad Company, in defending two suits for alleged disease of brain and spine from a railway accident. In those cases we were obliged to concede so much other injury, and we opposed so stoutly *their* theories, that, in the summing up, the counsel for the plaintiff both abandoned their own medical positions, planted themselves upon ours, and took their judgments respectively for $12,500, and for $10,000, instead of $50,000, as each claimed upon his theory of disease of nervous centres.

In my intercourse with judges and lawyers, with the higher railroad officials, and with men of eminence in our own profession, I have been gratified with their universal and hearty approval of the practice, which I believe I originated, and to which I was the first to direct public attention, that of employing medical counsel, *who are not witnesses*, in all important legal cases which involve questions of medical science.

This matter is of incalculable importance to railway companies, now, when so many persons come into the courts with a statement of their own subjective symptoms in one hand, and a copy of Ericksen on Railway Injuries in the other, to ask that, upon the interested evidence of the one and the perverted influence of the other, they may be awarded, for their personal injuries, such extravagant damages as were never heard of between a man and his individual neighbor.

Sumner Rhoades, M. D.

Syracuse, N. Y., Jan. 30, 1871.

News and Miscellany.

American Medical Association.

Office of Permanent Secretary.
Wm. B. Atkinson, M. D.,
1400 Pine St., S. W. cor. Broad, Phila.

The Twenty-second Annual Session will be held in San Francisco, Cal., May 2, 1871, at 11 A. M.

The following Committees are expected to report:

On Cultivation of the Cinchona Tree: Dr. Lemuel J. Deal, Penna., Chairman.

On Inebriate Asylums: Dr. C. H. Nichols, D. C., Chairman.

On Institutions for Inebriates: Dr. Joseph Parrish, Penna., Chairman.

On the Structure of the White Blood Corpuscles: Dr. J. G. Richardson, Penna. Chairman.

On Vaccination: Dr. Henry A. Martin. Mass., Chairman.

On the Comparative Merits of Syme's and Pirogoff's Operations: Dr. Geo. A Otis, U. S. A., Chairman.

On Lithotrity: Dr. E. M. Moore, New York, Chairman.

On Veterinary Medicine: Dr. Samuel D. Gross Penna., Chairman.

On Protest of Naval Surgeons, &c.,: Dr. W. S. W. Ruschenberger, U. S. N., Chairman.

On National Medical School: Dr. Francis Gurney Smith, Penna., Chairman.

On American Medical Association Journal: Dr. James P. White, New York, Chairman.

On Criminal Abortion: Dr. D. A. O'Donnell, Maryland, Chairman.

On Nomenclature of Diseases: Dr. Francis Gurney Smith, Penna., Chairman.

On National System of Quarantine: Dr. J. C. Tucker, California, Chairman.

On What, if any, Legislative means are expedient and advisable, to prevent the spread of Contagious Diseases: Dr. M. H. Henry, New York, Chairman.

On Renewal of Prescriptions by Apothecaries without Authority: Dr. R. J. O'Sullivan, N. Y. Chairman.

On American Medical Necrology: Dr. C. C. Cox, D. C., Chairman.

On Medical Education: Dr. Ely Geddings, South Carolina, Chairman.

On Medical Literature: Dr. P. G. Robinson, Missouri, Chairman.

On Prize Essays: Dr. T. M. Logan, California, Chairman.

On the Climatology and Epidemics of Maine; Dr. J. C. Weston; New Hampshire, Dr. P. A. Stackpole; Massachusetts, Dr. H. I. Bowditch; Rhode Island, Dr. C. W. Parsons; Connecticut, Dr. J. C. Jackson; New York, Dr. W. F. Thoms; New Jersey, Dr. C. F. J. Lehlbach; Pennsylvania, Dr. D. F. Condie; Maryland, Dr. C. H. Ohr; Georgia, Dr. Juriah Harriss; Missouri, Dr. F. E. Baumgarten; Alabama, Dr. R. F. Michel; Texas, Dr. S. M. Welsh; Illinois, Dr. R. C. Hamil; Indiana, Dr. J. F. Hibberd; District of Columbia, Dr. T. Antisell; Iowa, Dr. J. C. Hughes; Michigan, Dr. G. P. Andrews; Ohio, Dr. T. L. Neal; California, Dr. F. W. Hatch; Tennessee, Dr. B. W. Avent; West Virginia, Dr. E. A. Hildreth; Minnesota, Dr. Chas. N. Hewitt; Virginia, Dr. W. O. Owen; Delaware, Dr. L. B. Bush; Arkansas, Dr. G. W. Lawrence; Mississippi, Dr. J. P. Moore; Louisiana, Dr. S. M. Bemiss; Wisconsin, Dr. J. K. Bartlett; Kentucky, Dr. L. P. Yandell, Sr.; Oregon, Dr. E. R. Fisk; North Carolina, Dr. W. H. McKee.

Secretaries of all medical organizations are requested to forward lists of their Delegates as soon as elected, to the Permanent Secretary.

Any respectable physician who may desire to attend, but cannot do so as a delegate, may be made a *member by invitation*, upon the recommendation of the Committee of Arrangements.

W. B. Atkinson.

QUERIES AND REPLIES.

Dr. J. G. F. H., Ohio.—We commute with the London *Lancet* (republication). As your Reporter subscription is paid, send $3 and we will send it. We have no commutation arrangements yet with the English medical journals.

☞The *Gynæcological Journal* having raised its subscription price to $5, you will have to send an additional $1.50 for a year's subscription to that journal.

Dr. C E. K., Ohio.—The commutation price of the Reporter and *Journal* of the Gynæcological Society is $9 this year, that journal having raised its subscription price to $5.

Dr. J. D. J., Tenn.—A hypodermic syringe with two tubes costs $4.50, and a fever thermometer $3.50.

MARRIED.

Bullock—Overton—At the residence of Grant Green, in Frankford, Ky., on the 2d inst., by the Rev. L. C. Lance, Dr. Waller Bullock and Miss Sallie Overton.

Smithers—Roe—February 2d, in the Methodist Episcopal church at Greensborough, Caroline county, Maryland., by Rev. C. F. Sheppard, Dr. Thomas J. Smithers, of Denton, Md., and Miss Sue A. Roe, of Greensborough.

Satterwhite—Stephens—New Lebanon, O., Feb. 2, by the Rev. Wm. Young, Dr. H. Satterwhite, of Indiana and Miss Harriet E. Stephens, daughter of Aaron Stephens.

DIED.

Fussell—In Chester county, Pa., on the 15th inst., Dr. Bartholomew Fussell, in the 78th year of his age.

Thomas—In Crawfordsville, Indiana, January 20, 1871, Martha Binford, wife of Charles L. Thomas, M. D., aged 31 years.

Duggar—Dec. 28th, 1870 David Minge Duggar, aged 4 years and 2 months, son of Dr. Reuben H. Duggar, of Hale county, Alabama.

TRIPLETS.

A late issue of the Perry county *Democrat* contains the following in its obituary column:

Near Ickesburg, on the 23d ult., Maudie Bower, daughter of Solomon and Katie Bower, aged 9 days.

On the 23d, Bertie, daughter of the same, aged 10 days.

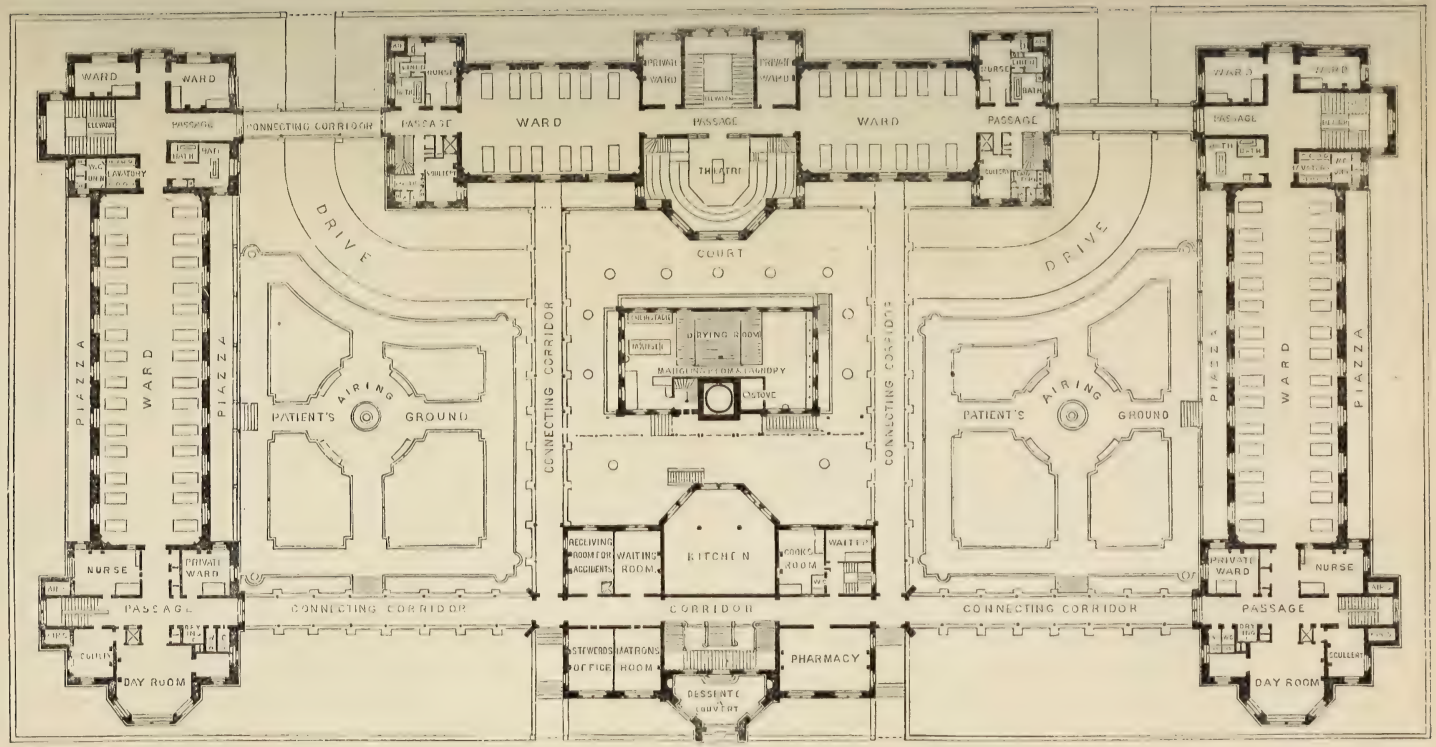
On the 25th, Ninna, daughter of the same, aged 12 days.

Dear Maudie was the first to go,
Then Bertie left this world of woe,
And last of all, sweet Ninna died—
These triplets now lie side by side.

PRESBYTERIAN HOSPITAL.

SEVENTY-FIRST STREET.

MADISON AVENUE.



FOURTH AVENUE.

SEVENTIETH STREET.

GROUND PLAN OF THE PRESBYTERIAN HOSPITAL.

THE
MEDICAL AND SURGICAL REPORTER.

No. 731.] PHILADELPHIA, MARCH 4, 1871. [Vol. XXIV.—No. 9.

Original Department.

Communications.

BIOGRAPHICAL SKETCH OF PROFESSOR GEORGE T. ELLIOTT, M. D.

By Saml. W. Francis, M. D.,

(Fellow of the New York Academy of Medicine.)

"Non omnis moriar."—*Horace.*

The subject of the present sketch, the son of George T. and R. G. Elliott, was born in New York city, May 11th, 1827, and died Sunday morning, January 29th, 1871.

He had no sisters, but his three brothers were A. Foster, William H. and Daniel G. Elliot.

At an early age young Elliot attended Mr. Peugnet's school. Next he entered St. Paul's College till the expiration of the sophomore year, when he joined the junior class of Columbia College, and was graduated A. B., in 1845. Subsequently receiving his A. M., young Elliott almost immediately became enamored of the study of medicine, and entered the office of Dr. Valentine Mott, under whose affectionate guidance he matriculated at the University Medical College, whence he received his diploma as doctor of medicine, in 1849.

With the exception of typhoid fever in boyhood, scarlet fever in 1850, and fracture of the thigh in 1847, Dr. Elliott enjoyed excellent health during the whole of his laborious life, until the last eighteen months, when his appearance indicated that he was overworking himself by too much zeal in the curative cause, for he not only practiced, but alas, in too many cases suffered, with his patients. With him it was not enough to prescribe "what would do." He was possessed of a medical conscience, and sought not only to alleviate, but endeavored to bring about a speedy cure in the shortest possible time and by the best remedies known to science.

Dr. Elliott's thesis was on fracture of the thigh, and gained for him not a little credit, for by a sad accident a few years before, he had been enabled to take mental notes from practical experience.

On receiving his degree of M. D., Dr. Elliott sailed for Europe in June, 1849, and was absent about three years. During his sojourn abroad, he resided six months in the Dublin Lying-in Hospital, and passed seven months on the Dreadnaught Hospital ship, in London. He also studied medicine for thirteen months in Paris, and spent four months attending the lectures of the able professors in Edinburgh, and before returning to the United States visited northern Germany.

On his arrival in New York, Dr. Elliott at once commenced the practice of physic, and for the last eighteen years maintained an enviable position as a first-class doctor, and one whose sympathetic presence and courtly manners did as much to cheer the drooping spirits and feeble frame, as his sage advice and palatable medicine.

During that time he held many responsible positions, among which might be mentioned Resident Physician in the New York Lying-in Asylum for two years, and an Attending Physician subsequently; Attending Physician to Bellevue Hospital, since March, 1854; Visiting Physician to the Nursery and Child's Hospital six years, and subsequently Consulting Physician; two years Physician to the Northern Dispensary, and eighteen months Physician to the Denult Dispensary. He was also Professor of Anatomy in the Vermont Medical College; Adjunct Professor of Anatomy in the College of Physicians and Surgeons, and Professor of Obstetrics and the Dis-

eases of Women and Children and Clinical Midwifery in Bellevue Hospital College since its foundation, and one of its able allies.

As a lecturer, Dr. Elliott took rank among the first. His manner was persuasive and eloquent. The audience felt that he himself was interested in the subject under discussion, and gave him strict attention. Provided with plates, drawings, specimens of mal-formation, diseased bones, and new instruments, he fascinated the students by the variety of his illustrations, and the choicest language charmed the ear. While listening to Prof. Elliott, it was impossible not to feel that he believed every word he uttered. This adds much to the force of didactic lectures, and rarely fails to make a lasting impression. Another trait is also worthy of honorable mention: Dr. Elliott always gave credit to whom credit was due, and seemed to take a comfortable pleasure in speaking of the good in others, while he never forgot to ascribe all praise to the pioneers of any new theory on the suggestions of any wise treatment. This gentlemanly generosity has left many a sunny memory in the breast of those who are permitted to mourn his loss.

Feeling from my knowledge of the doctor that he appreciated all that was epicurean in its present sense, I asked him one day his opinion of smoking. He replied that he rarely did it himself, but "would like to be able to smoke now."

His religious faith was Episcopal, and many and numberless were his deeds of charity. His cautious counsels saved not a few lives, while his cheering words have urged on to noble deeds those whose burdens were almost too heavy for them to bear.

A thoroughly educated physician, and one who kept up with the times by observation, autopsy and the perusal of new works, Dr. Elliott confined himself to no specialty, but, from choice, paid more attention to those diseases on which he lectured. His height was five feet eleven inches and he weighed 170 pounds, and his proportions symmetrically elegant. No one who could even boast of his friendship, could forget the refined beauty of his countenance, combined with the graceful dignity of his cordial bearing. His ease of manner and happy style in social intercourse, was felicitously blended with ennobling traits, such as respect for learning, and a kindly desire to instruct the young, while by many an ingenious turn it was his special delight to shield the ignorant from the ridicule of conceited contemporaries; but he had the best authors at his command.

His works have been published from time to time in various medical journals, and in the Bulletin and Transactions of the New York Academy of Medicine. His "Obstetric Clinic," 1 vol., pp. 458, published by D. Appleton & Co., New York, 1868, is replete with information, for *pars magna fui* may be recognized on almost every page, and this experience of what has been *seen*, not read, what has been done and known by ourself, proves to the physician far more practical than all the pet theories on beautiful ideas of which might truly be designated metaphysical anatomy. Much of the doctor's success was due to the fact that he loved his profession, for he told me, in answer to my question one day, whether he would be a medical man again, "Yes, for the same reasons which first decided me."

Dr. ELLIOTT possessed many of the elements of true greatness; he was not above listening to the young in years and knowledge. His was not a thorough mind, but rich in culture and full of the harmony of congenial acquisitions. He pursued his especial vocation till it became not too much praise to pronounce him one of the best obstetricans in the world. He was in truth a friend—not selfishly, but sympathetically.

It is a pleasure to write concerning one who is so much above all the littlenesses of life, that there is no fear of saying too much; and an additional proof of the correctness of this view is the fact that, when thinking of him, alive or dead, the heart swells. It is easy to express one's love and admiration for a noble man, but difficult to convey the feelings; they come too fast. Though a genial favorite, some few could not forgive him for being successful; but this had an excellent effect, for it stimulated his ambition. He possessed the rare faculty of arousing love and respect.

Though only forty-four at the time of his death, to those who saw him daily consulted by men old enough to claim him as a son, time was not counted by years, but cycles. Though cheerful and communicative, Dr. Elliott enjoyed his meditative hours, and told the writer of this sketch that he liked to talk with those who had suffered, for it brought out their deepest thoughts. His friends were

not confined to one class, but consisted of all ages and spheres, and if asked to-day if they would like to fill his place, would reply, "No; let us bring flowers to cast about his grave, around which we would prefer to mourn in silence than give place to another. Let the vacuum remain that we may always think with loving hearts of this ornament to the profession." As another proof of his enl rged mind that had no fixed focus through which he looked out upon science, he was a man who did not believe that the past was all a failure because the present was auspicious and of a different school. He believed that all healthy, sentient beings might possess some original and useful ideas, and fully indorsed the maxim "*interdum stultus bene loquitur.*" He was no theorist, but always wrote the truth; devoid of passion, and was in practice most devoted—one whose place we would rather not supply, but surround the hallowed spot with locked hands, for there are few indeed who combine so gracefully the dignity of knowledge with the simplicity of affection.

Though a physician of rare ability, he early became capable of listening. Strict as to medical ethics, he was incapable of a mean action. If the term might be permitted, I would call him a good man of the world; for there was nothing little in his big heart.

Among his patients he inspired confidence, and they resigned their cases into his hands more after the manner of the Romanist toward his priest: he became a physical confessor, and they did sanitary penance with cheerfulness and hope. Blessed with a beloved wife and affectionate children, his domestic relations enabled him to enjoy the refined portions of a generous life, and he may truly be termed one of the most elegantly hospitable gentlemen of his time. It was not necessary for him to do a thing to pronounce it good. His was not the heart of a monopolist; he could share an honor even in his conscientious treatment of some formidable case. God bless his memory!

THE TEXAS CATTLE DISEASE.

By Frederick Horner, M. D.,
Of Salem, Virginia.

This subject is not devoid of interest to the pathologist, since a few of the diseases of the lower animals are transmissible to the human species. It has for several years been investigated in Europe and this country. During the past summer, in the month of July, 1870, a malignant and fatal disease broke out among the neat cattle of Fauquier county, Va., a short time after the introduction of Texas cattle, some of which died on the way, at St. Louis, Cincinnati, Lynchburg and Salem, from the excessive heat, overcrowding, and lack of water. The steer first examined by the writer was moribund, when removed to the pasture, from these causes, and became, I believe, the focus of a disease which, in a few short weeks, carried off more than three hundred fine milch cows.

An accurate *post-mortem* revealed the following pathological appearances: The lungs, were highly inflamed and ulcerated, and filled with pus. The manyplies or third stomach was distended—gizzard like—with impacted food, unmasticated and hard. The small intestines, on their mucous surface, were mottled and in a gangrenous state. The bladder was filled with blood to the amount of two gallons; aud from this organ, and in one case from the mouth, was a constant hemorrhage of blood of a dark venous character, that would not coagulate. No parasites were visible in any part of the intestinal tube. Debility, a staggering gait, great enlargement of the pupil and ball of the eyes, with loss of appetite, were prominent symptoms.

ITS HISTORY.

Bougelat gave it the name of murie or pulmonary murrain. In 1833, the importation of diseased cattle from Prussia introduced it into Holland. In 1847 it was communicated to Sweden and France. The first notice of it in the United States was in 1843, when a German cow imported from Europe and taken to Brooklyn, gave it to the cattle on Long Island. Mr. Chenery, of Boston, wrote to Holland in 1859 for information, and received a reply that the malady was "the greatest scourge which could fall upon the farmer; was contagious and remained in a country which it had once invaded." In England, while the epidemic was most destructive, the Bishop of London offered a prayer "that the Almighty would check the grievious murrain." In France, Collet "urged the government to adopt energetic measures and to establish around the locality of infection a '*cordon sanataire*,' and thereby limit the bounds of the disease."

At a later period, when it reached this coun-

try, the Department of Agriculture in Washington sent over to Europe a veterinary expert to study its character. The New York Legislature had presented to the public an able report, styled "The Texas Cattle Disease of 1869." Several of the New England and Western States passed stringent laws forbidding the introduction of distempered cattle. H. BOURIGNON, a French observer, noted that "the flesh is usually flabby, bloodless, and of a very nauseous smell; the stomach presents ecchymosed spots, ulcerations, and even perforations, with congestion of the lungs." FLINT also described the disease.

ITS CAUSE.

Its cause may be suspected from the symptoms, viz.: Fever temp. 103°; the red corpuscles of the blood lose their vitality; the blood will not coagulate, as when typhus fever exists in the human species, or from injury by lightning; the gate is staggering, seemingly laboring under a depressing influence, enervation and delirium, all of which point to true *blood poisoning*. Whether this poison be from purulent infection, or the virus is an effluvium taken into the stomach with the food or water, or is due to the *ixodes reticulatus* or tick which infests the skin of Texas cattle, observation and the microscope have yet to decide. The autopsies of European cases show points of resemblance to the epidemic in this country, and would appear to identify rinderpest, murrain and Spanish fever as the same disease.

At the present time, when the ubiquitous beef has become so universal an article of diet, and beef is so essential an element of food, the care on the part of physicians and of political economists to exclude from our markets cattle infected with this disease, could not be too cautious. On board of a naval vessel, at the time stationed in a foreign port, the writer knew an entire crew to suffer from a distressing dysentery by eating the meat of over-driven beeves.

ITS TREATMENT.

This is chiefly prophylactic; when fully established, the chemico-vital changes are such that the disease defies all treatment. Bleeding; strong solutions of saltpetre; sulphur, and drenches have availed somewhat, with the application of carbolic acid externally to relieve the sufferings of the animals. The separation of the well from the sick cattle is a most essential precaution. The skinning of the dead, and transfer of the hides to the depots and tanneries, or the shipping of beeves from the infected district, should be forbidden by legislative enactment.

OBSTETRICAL REMINISCENCES.

By F. K. BAILEY, M. D.

Of Knoxville, Tenn.

No. IV.

Eclampsia.

Every physician has reason to dread the occurrence of puerperal convulsions. The experience attending one case will render a medical man ever afterward very watchful of any premonitory indications of such an abnormal condition. The first case that came under my own notice, occurred in the winter of 1841–2. The subject was about eighteen years of age, and unmarried. I arrived at the bedside about midday, and learned that pains had commenced some hours previously. The contractions appeared forcible, and I hoped the poor girl would soon experience a happy issue from her troubles.

But, on vaginal examination, the os was felt high in the pelvis and scarcely dilated at all. Associated with lancinating pains, was obvious irritability of the uterus and physical organization generally, with a state of mind resulting from shame, mortification and anger. Hour after hour passed away, with no progress to labor. Morning dawned, and the same restless and irritable condition, both physical and mental, still obtained. I bled, and gave opium with no relief. At noon the second stage was barely reached, but the advancing head only appeared to add to the general disturbance.

Before 5 P. M. it was with difficulty that she could be kept upon the bed. She became like a raving maniac. The face became flushed, the carotid throbbed violently, and while struggling and tossing about, she went into a terrible convulsion.

Before the fit passed off, she had thrown herself from the bed to the floor. As soon as possible I opened a vein in the arm and allowed the blood to flow till faintness brought quietude. The circulation soon returning, a second convulsion set in. During all this, labor progressed slowly. How many convulsions she had I do not remember; but they seemed to follow in quick succession, and to accompany the uterine effort. It was a trying

time for a young physician to be placed in charge of such a fearful case, in dead of winter, and at a distance of some twelve or fifteen miles from the nearest point where counsel could be obtained of one whose opinion would be of any advantage.

Among other expedients, I concluded to try cold affusion, and accordingly, while the poor girl was writhing in agony, I poured water from a pitcher at a height of three feet, upon the exposed abdomen. Cautiously at first, but persistently, this course was pursued with evident relief. Although not suspended wholly, still the convulsions were less severe after the head passed into the perineum, and before dark, labor was finished. The child, I think, was dead, but the mother recovered without any further accident.

Many writers state that convulsions are most likely to occur in primiparæ, and some add those who are illicitly in that condition. RYAN mentions the latter cause. DEWEES says that out of eight cases three were in first labors. CALEB ROSE, Esq., in the *Medical Times and Gazette*, July 17, 1852, relates the history of twelve cases, in which nine were primiparæ and eight unmarried. He speaks of the mental condition of a female in her first pregnancy, resulting from anxiety, apprehension of danger, and, in the case of the unmarried, the state of mind natural as a result of annoyance and vexation incident to her peculiar circumstances.

W. TYLER SMITH (*Lancet*, October 26, 1856,) speaks of psychical causes leading to convulsions, and that it is a very old and true observation, that this phenomenon is met with in single women, whose minds have been depressed by a sense of shame and misery inseparable from their condition during gestation.

VELPEAU says that young women in their first pregnancy are more liable to convulsions than others. The same author alludes to the application of cold water to the belly, as advised by SIQUAND, but considers that the practice is not sustained by facts.

The later authors make no mention of convulsions occurring in the unmarried. It may be that illegitimate births have ceased to attract notice as bearing upon this point, both from their frequency and a growing want of sensitiveness upon the subject in the public mind.

MENTAL INFLUENCES AFFECTING UTERINE ACTION.

Every physician may have known instances where labor was modified by the will of the parturient woman. The following are related as cases in point:

Some years ago I was called to attend a young married woman in her first confinement. I apprehended trouble, for upon the earliest indications I had been informed of her irreconcilable condition of mind in regard to the new state of things, and, instead of yielding, as time elapsed, to the *situation*, she became more and more uncompromising.

When labor came on, at full term, I was called, although under her decided protest. This feeling did not arise from any personal objection, for I was, probably, the preferred physician in the estimation of the family. The opposition in her mind grew out of a determination that nothing should be done to facilitate labor. The unwillingness felt at first to be pregnant, grew into a determination not to be parturient. On my arrival she was unwilling to communicate with me in regard to her case, and, although there had been some pains, they began to lessen as soon as I stepped into the house.

Under the impression that as labor advanced and the pains became expulsive, the reluctance would cease, I did not urge any interference. I waited two or three hours, in a room adjoining that of the patient, and silently listened. Fancying that the outcry indicated a pain so severe that it could not be controlled by voluntary effort on her part, I started toward the room. The instant my footstep was heard the pain would cease, although at its acme. This condition continued during the entire night.

In the morning, by the combined urgency of the family, I succeeded in ascertaining the presentation. Labor had but just commenced, as the os was scarcely dilated at all, and was high in the pelvis.

Satisfied that everything was normal so far as the pelvis was concerned, and that the greatest impediment to labor was of a mental nature, I left for home. It seemed certain that my presence was not of any benefit, and the woman would not consent to have any other attendant. About midday, and nearly 24 hours from the time of making the first visit, I was recalled, but found the same determination, to an increased degree. During

my absence the pains had been severe, but as soon as my footstep was heard they ceased. The action of the uterus appeared completely under the control of her will. Toward night of the second day she became more tolerant of my presence at the bedside, and did not so seriously protest against an examination, but she still held a tight rein upon uterine action while I was in her sight.

Becoming impatient at so unpromising a state of things I went home, assuring the friends that labor would much sooner be finished if left entirely to herself, as expressed on the previous day.

During the night, pains increased in urgency, and I was again sent for. Returned and found my patient as before leaving the night previous, except that the mental effort on her part had caused considerable excitement, and fearing cerebral trouble, advised sending for counsel.

An excellent physician from an adjoining town was sent for, and arrived before morning. But her feelings, which toward myself had been such as greatly to embarrass any efforts at rendering assistance, were so intense toward the consulting physician, that she became frantic, if he approached the room. At this stage I had succeeded in ascertaining that in spite of her resistance and efforts at repressing, the head had begun to press upon the perineum.

Early the next morning there was a cessation of pain. Spasms soon came on, at intervals, but consciousness did not return. At this juncture craniotomy was resorted to, and the child removed. The reason for not using the forceps I do not now remember. The case occurred less than a year after Sir J. Y. SIMPSON first used chloroform in midwifery practice. There were some features in the case that may be considered very unusual. At the outset there was a determination to resist labor. The reluctance to my interference was a fear that labor would be facilitated by what I might do. How completely she succeeded I have attempted to show.

The only notes I can find of the case are the date, and "child weighed 6½ pounds; duration of labor, 72 hours," which embraces a longer term than the history as given above shows, but the labor was dated from the first appearance of pain, twenty-four hours before I was called. She suffered that length of time, and the family yielded to her reluctance in calling medical aid. There was a further note: "Spasms, and craniotomy performed." The details are from memory.

I will further state that there was as rapid recovery in this case, as common in primiparæ. A second pregnancy never occurred, to my knowledge.

I will relate another instance in which the influence of the will was very obvious. It occurred about twenty years ago. I was called into a family that had just come into the neighborhood. The wife was a few months advanced in pregnancy, and I was engaged to attend her when the time should arrive. Before the completion of term, however, the family removed to a place some ten miles from my residence.

Notwithstanding the distance, I was still desired to attend her when necessary. But when labor commenced it was dark and rainy. A young doctor lived only three miles distant, and, contrary to her wishes, the husband sent for him. He was prompt in responding, but on his entering the house the pains, which had been severe, all stopped. He remained about eighteen hours, and left in disgust. I was then sent for, and reached the house in about three hours after the messenger started.

On going to the room, found the woman lying quietly in bed. On examination, the os uteri was fully dilated and head ready to engage in the perineum. There had been no pain for more than twenty hours—the time her previous attendant arrived.

Pains came on immediately and labor soon was completed.

She told me that her mind had been made up from the first, that I should attend her, and her determination had been carried out. There had evidently been a severe conflict in that domestic circle, with a result not without precedent.

In Braithwaite, part 62, is the relation of a case by Dr. JOHN W. OGLE, and designated by Dr. MARSHALL HALL as "temper disease." In this is found a perverted state of the temper, or mental disposition. Every physician has met with cases where physical conditions and functions are modified by mental influences.

Young practitioners often find cases where labor pains are temporarily affected on their arrival at the bedside, where the woman had expected an older man, but he could not be

obtained. Still it is not very often that the delay is long continued, or serious results follow the disappointment.

In the cases I have related, the patients made a good recovery, whereas, if any other condition than one purely physical had obtained, its indications would have been obvious in the development of the cerebral lesion in the puerperal period. The convulsions in the cases described above were considered excito-motory in their nature. So far as I can recollect, the cases of puerperal convulsions with which I met in subsequent years, were anemic, and generally dropsical. Happily, they have been comparatively rare.

Those who have entered upon the practice of the healing art during the last fifteen years cannot duly appreciate the difficulties daily encountered by the older men who practiced before the days of chloroform, the bromides and chloral.

February, 1871.

HEPATIC ABSCESS—HEART-CLOT—DEATH—POST-MORTEM.

By E. P. Ritchey, M. D.,

Of Petersburg, Indiana.

In March, 1870, Charles G——, a laboring man, made application for the relief of a severe pain in his right shoulder, resulting, as he supposed, from a sprain received in lifting off a wagon-bed.

Being of a rheumatic diathesis, I placed him upon the usual alkaline treatment. He also patronized the drug-store largely for all manner of liniments, but they, too, failed to accomplish the desired object.

In the meantime his general health began to fail. He was attacked with intermittent fever, became jaundiced, much emaciated, etc., the pain in the shoulder continuing throughout.

Was called to see him October 7th, 1870. Found him with high fever, accompanied by frequent rigors; respiration labored; intense pain in right hypochondriac region. Physical examination revealed dullness to percussion and absence of respiratory murmur over entire right side of thorax, except at the extreme apex of the lung; dullness extending downward to the crest of the ilium; intercostal spaces of right side bulging. Above the umbilicus appeared a prominent tumor, extending over the left hypochondriac region; abdomen prominent and tympanitic; at the umbilicus was a constriction, as if a rope had been tied tightly about the body, forming a sulcus two inches in depth; heart's action violent, with a peculiar thrill with the first sound; pulsation of jugulars; left lung resonant with puerile respiration, doing double duty. It now occurred to me that pain in the shoulder was one of the earliest symptoms of hepatic inflammation, and it became evident why alkalies, blisters, liniments, etc., failed to cure his rheumatism.

October 18th—Was hastily summoned with the intelligence that "Charley had busted sumthin'." I found him coughing violently and expectorating large quantities of a dirty, brown pus. The abscess had burst through the diaphragm into the bronchi. Throughout the remainder of his illness he was obliged to sit in a chair, the recumbent position causing the pus to flow so rapidly as to impede respiration. In two or three days after the rupture of the abscess, the right lung partially resumed its function, and respiration became comparatively easy, and he expressed himself as much relieved of the painful sense of impending suffocation.

His subsequent history would be uninteresting; suffice it to say it was the usual list of hopes, doubts and fears—better one day and worse the next.

On the morning of January 2d, 1871, after a good night's rest, he walked to the breakfast table and ate ravenously, feeling, as he remarked, unusually well and sanguine of recovery. One-half hour afterward, sitting in his chair, he suddenly expectorated a quantity of blood, and fell to the floor. Was placed upon the bed; revived a moment, and told his friends not to be alarmed, as he would be better presently, and died in an instant.

Post-mortem, 26 hours after death, assisted by Dr. I. R. Adams. Large muscular frame, much emaciated. *Post-mortem* rigidity not well marked. Lungs so attached to the thoracic walls by strong adhesions, that they were with difficulty removed. The base of the right lung was intimately adherent to the diaphragm. A fistulous communication existed between the liver and bronchi.

That portion of the lung tissue adjacent to the fistula was infiltrated with pus. The remainder of the lung was healthy. Left lung normal. Right cavities of the heart dilated, auricular walls exceedingly thin. In the right

auricle, attached by a distinct pedicle, near the margin of the appendix, was what appeared to be a mass of pure fat, weighing ʒiij. I afterward had it examined microscopically by Dr. CARSON, pathologist of the Cincinnati Hospital, who pronounced it an "organized clot." Ventricles contained a quantity of dark clotted blood. Valves perfect. We found the liver crowding the lung upward, and overlapping the stomach and intestines like an apron. The right lobe was a mere shell, a monstrous abscess containing about five quarts of pus, occupying its entire parenchyma. It was attached closely to the diaphragm, with an opening corresponding to the fistulous track mentioned above. Left lobe much congested. After the abscess was evacuated the liver weighed eight pounds; gall bladder distended; spleen hypertrophied; kidneys and intestines healthy.

My treatment throughout was very simple, consisting of quinine, iron, whisky, opiates when necessary to relieve pain, laxatives and generous diet. The prognosis was daily becoming more favorable, and my chagrin can readily be understood at losing the patient just at a time when I was beginning to congratulate myself on the prospective happy recovery.

The autopsy discovered ample cause for death, but I was for a time at a loss to decide which organ was at fault.

After mature thought, taking into consideration the suddenness of his death, I believe that the polypus, by obstructing circulation, accelerated by the full meal partaken of a short time before, and perhaps aggravated by a sudden attack of coughing, proved one "straw to many" for the already overtaxed heart, producing paralysis and death. Am I right? Who will decide?

HOSPITAL REPORTS.

COLLEGE OF PHYSICIANS AND SURGEONS.

DISEASES OF WOMEN.

Clinic of Prof. T. G. THOMAS.

Pregnancy—Doubtful Diagnosis.

Dr. THOMAS reported on a case of uterine tumor, in which there was menstruation coming on regularly. The diagnosis at the time was pregnancy, and now it is fully confirmed, though her history was strictly true.

Prolapse of Uterus—Proposed Operation.

Mrs. M., æt. 34; five children, youngest 2½ years. Her first birth was normal, but in the four subsequent ones the forceps had to be applied. Patient noticed shortly after her first delivery that her womb was coming down. This has continued growing steadily worse.

Physical examination shows prolapse in the third degree, but neither rectocele nor cystocele. The intra-uterine measurement is five inches. Dr. T. said that the operation he proposed doing would consist in amputating a small portion of the cervix, then remove a gore from the posterior wall of the vagina, in order to shorten it and make it more resisting. He will operate, if the patient consents, at the Stranger's Hospital, where the class can have an opportunity of seeing.

Malignant Disease of the Cervix.

Mrs. K., æt. 34; six children—youngest child sixteen months old. Has been sick for eight years; complains of pain in her side, which has increased during the last six months, every day grows weaker. After coition notices a discharge of blood from the vagina; menstruates regularly, but profusely.

Physical examination reveals a uterus in size and position normal, but to the feel the cervix is hard as ivory and as smooth. There is no peritonitis, cellulitis, nor difficulty with the ovaries. When the speculum is applied, blood is noticed issuing in three places from the cervix, but there is no solution of continuity excepting papillæ from which the blood comes. An intra-uterine examination with probe reveals nothing.

The incipient stage of malignant disease is strongly to be suspected, though as yet it would be impossible to make a positive diagnosis. However, it will be in a short time reported, and if the suspicion is correct, the bleeding will continue and increase.

The treatment will be artificial support to the uterus by means of a double lever pessary, and pledgets of cotton, saturated with persulphate of iron to the bleeding cervix.

Malignant Disease of Cervix—Vegetating Epithelioma.

Mrs. O. H., æt. 40; two children; youngest 13 years. Has been complaining six weeks of poor, appetite, with trouble in passing water. There are no other symptoms to indicate uterine difficulty.

The patient has the appearance of a person in ordinary health, and in ordinary practice there is barely sufficient to call for a vaginal examination. But when the finger is carried into the vagina it meets a large mass of outgrowth from the cervix, and as high as the finger goes no cervical tissue can be discovered. Treatment will be useless as applied to the malignant growth; an operation would be completely without beneficial result, as no healthy base can be discovered. The general health must be endeavored to be kept up, as advised in former cases.

Medical Societies.

CINCINNATI ACADEMY OF MEDICINE.

January 16, 1871.

(REPORTED BY J. W. HADLOCK, M. D.)

Dr. J. H. Tate, exhibited a specimen of velamentious placenta, which was connected with a child born at the seventh month.

The cord, instead of terminating in the placenta, terminated on the membranes, some six inches from the surface of the placenta, and thence the blood vessels could be seen running on the membranes until reaching the edge of the placenta.

On examining the specimen closely he detected a rupture of one of the arteries as it passed from the membrane to the placenta, and hemorrhage from this, perhaps, had induced premature labor.

Dr. Tate also reported a case of breech presentation. The mother was a woman who had previously had seven children; three of them born premature, and four with the breech foremost; all born dead. In the last delivery, he had followed the judicious advice of Hunter, and allowed the feet to remain up until the whole breech was delivered, and consequently when the head came down it took but a moment or two to deliver it, and the child, though weighing eleven pounds, was born alive. In her previous deliveries, according to the woman's account, the feet had been brought down by the attending physician.

On examening the placenta he was struck by its unusually large size, and on looking at the membranes, he dissovered that the rupture through which the fetus had escaped was close to the edge of the placenta, showing that the placenta had been attached very low down in the uterus, reaching near to the os. It occurred to him whether this unusually large placenta attached in such an unusual location might not have had something to do with determining the character of the presentation. And in fact, he was inclined to think that it had. It may have been too that this locality might have been the favorite location of the placenta with this female, and hence, the frequency of the breech presentations.

Dr. B. F. Richardson.—Dr. Tate states that four of the seven children presented the breech, and that the last of the four was associated with implantation of the placenta upon the lower segment of the uterine wall; that probably the other three breech deliveries were characterized by the same implantation. Upon this he suggested the theory how implantation of the placenta may have determined the breech presentations. This theory is directly at variance with the most rational view held as to the principal influence determining the different presentations; that is, the movements of the fetus through the excito-motor system, excited by external contact or pressure. The fetus, folded upon itself in the uterine cavity, forms an ovoid, the pelvic end of which is the largest, especially subsequently to the seventh month. In the latter months the uterine cavity is ovoidal, the fundal end possessing the greatest capacity. The reflex movements of the fetus, therefore, will in a majority of cases (39 to 1), bring the pelvic extremity of the fetal ovoid into relation with the fundal portion of the uterine cavity. The late James Y. Simpson satisfactorily sustained this theory by facts and unanswerable argument. Therefore any thing which tends to restrict still further the capacity of the inferior segment of the uterus, such as implantation of the placenta in that locality, must necessarily diminish rather than increase the liability to breech presentations. At the conclusion of the paper to which I have alluded, Dr. Simpson stated that its length forbade his entering upon a like explanation in regard to the relative frequency of fetal positions. So far as I am aware he failed thereafter to do so. About the time his writings were published in this country I read before the Cincinnati Medical Society a paper on this latter subject, which was subsequently published in the *Western Lancet* of this city. It was therein sought to explain not only the great frequency (scarcely without exception) of the dorso-left anterior and right posterior position of the fetus under breech and facial presentations; the determining anatomical conditions being found associated with the almost universal right obliquity of the uterus, the reflex movements of the fœtus bringing its dorsal plane in relation with one or the other localities.

Dr Tate said in reply, that it was generally conceded that the placenta of ordinary size was attached near the fundus, and on one or the other side of the uterus, and if this location were the most troublesome to those consentaneous movements between the fetus and uterus, which resulted in determining head presentations, then it seemed to him more than likely that a very large placenta, situated as in this case, in a much lower and nearly opposite position, would, in all likelihood, be a very essential element in determining a breech presentation.

Dr. A. M. Brown offered a specimen of cancer of the pancreas, implicating other abdominal organs. The spleen was not enlarged, the stomach displaced, but neither involved. Other organs affected, not by contiguity, but diathesis. Patient's history very unsatisfactory. Had been intemperate; had had intermittent fever and secondary syphilis; was at one time somewhat jaundiced, but not to any great extent. In cavity of the abdomen about one and a half gallons of fluid was found, and in the pelvis one half pint of clotted blood, whose origin could not be determined. There was no

aversion to fatty food; no fatty diarrhœa, and but little obstruction at the pyloric orifice.

Dr. WHITTAKER exhibited a specimen of a heart illustrative of the degenerative cardiac lesion of the aged. The specimen displayed marked fatty degeneration, immense enlargement and abundant concretions on the mitral and aortic valves. The condition confirmed accurately the increased dulness, the intermittent pulse, the œdema of the limbs, and mitral bruit observed during life. There was no bruit at the base, for the reason that the mineral depositions were upon the outside of the valves, and offered no obstruction; the valves being still very flexible, and the sinuses of VALSALVA very much dilated, there was permitted no regurgitation. A sudden discoloration and œdema of that side of the face, noticed a few days before death, was attributed to an effusion of the right facial artery. The death itself was prefaced by complete left hemiplegia, and the semi-coma owed its immediate cause in all probability to embolism of the right middle cerebral.

Dr. CARSON read a paper upon some of the Fallacies and Difficulties of Physical Diagnosis, particularly upon pleuritic signs.

There is no more interesting contribution to the subject of physical diagnosis than the one read before the Grey's Physical Society, in 1846, by WM. ADDISON, Physician to Grey's Hospital, at the time. Probably the propositions which he set forth then have not been sufficiently emphasized by late teachers. The essayist proposed to consider the subject at this time as illustrated by signs connected with the pleura. When we recollect that it is exceedingly rare to make a *post-mortem* examination without finding pleuritic change, the frequency and persistency of pleuritic signs might be anticipated.

The grazing, rubbing and creaking varieties are much more familiar to auscultators than the cracking of crepitations. LÆNNEC made little or no allusion to the similarity of pulmonic and pleuritic sounds or the difficulty of their differential diagnosis. WALSHE, ROGER, HERRON and others were cited as authority for the occasional difficulty of making such discrimination.

The report was upon the case of an Irishman, æt. 27; admitted to the Good Samaritan Hospital, February 16, 1869. After a detailed history of his affection followed the condition, on admission: chest, well developed; but lacking in muscular tissue; no inequality between the two sides; greater expansion on the right side; vocal fremitus and resonance on the left side; increased dullness, greater resistance and higher pitch on percussion in the anterior and axillary regions of that side. Bronchial breathing, with moist crackling sounds, in the beginning of inspiration in infra-clavicular and superior mammary regions of the left. Expiratory sound of higher pitch. The same moist crackling of coarse character heard in the superior and inferior scapulary regions of the same side. Below the angle of the scapula, vocal resonance is not so great as in infra-clavicular region, and respiration feeble. On the right side the respiration is supplementary. Heart sounds normal.

The hypothesis of an uncomplicated pneumonia or tuberculosis does not accord with the origin, stages and present condition of this patient so well as that of either of them with pleuritic complication. The harsh, rattling, dry cough, the contraction of the upper region of the left and anterior thorax, and the occasional rubbing sounds at the apex imply an intra-pulmonic irritation. When we come to the consideration of these abundant crackling sounds heard over nearly the whole of the left side, we have in support of their pleuritic origin that pulmonic rales of such general diffusion would afford probably a more abundant expectoration, that is, directly dependent on tubercular or caseous irritation and softening, and there would be more constitutional disturbance; whereas, we have a temperature a little above normal, and such pulmonic rales would not probably remain of a uniform character throughout a period of over 1½ years, during which time we know that they have been present; that the patient has improved in respiratory movements, in cough and in general health (increase of weight being an important evidence of his improvement), while the local physical signs have remained unchanged; that these signs are superficial and unaffected by coughing (though we believe it to be a difficult matter sometimes to determine how far rales are affected by the act of coughing); that they are apparently incomplete or produced by a limited amount of respiratory movements; that the pericarditis occurred probably by extension from or in direct continuity with the pleuritic irritation.

An examination, November, 1870, shows a diminution of the physical signs in the posterior region of the left side. There is still, however, marked dullness in the left infra-clavicular region; the signs are rather of moist character, large crackling, few in number and inspiratory. There is nothing like the diffused rales heard formerly over the entire left side; the cough is somewhat troublesome, but the explanation is littl none. The man is at work every day, and his strength is good.

Dr. MILES presented a specimen, and detailed the history of a delivery of an encephalous fetus.

Labor occurred at the seventh month. Pains were active; the os uteri well dilated, and the membranes ruptured. The examining finger came in contact with the soft brain mass, part of which escaped. Diagnosis was at first quite difficult. Labor was normal in every respect. The heart continued to pulsate actively for half an hour after birth.

The case was interesting, from the fact that the malformation could be ascribed to no causes of mental emotion. There had been no fright or accident during the earlier period of gestation; an attack of acute dysentery; intercurrent at the sixth or eight month of pregnancy; had subsided in three or four weeks, after which the patient slowly convalesced to complete recovery.

So great was the abdominal distention from the outset, that it was believed to be a case of twins. The speaker urged this as a possible cause of the arrest of development, resulting in malformation. It is at least the view maintained by some pathologists; others regard it as a result of previous hydrocephalus. RUDOLPHI is of this opinion. It is claimed to result from a detention of the ovum in the Fallopian tubes; to contractions of the uterus; to diseases of the fetus itself; to inflammatory processes in the uterus or its annexa, etc. It is attributed, again, to a premature ossification of the vertebral centres, and union of the vertebra and occiput.

Dr. JESSUP exhibited a teratological counterpart of the specimen just presented by Dr. Miles.

The speaker was called, on 29th Jan., to a woman who had been in labor in the hands of a midwife. No progress had been observed after 24 hours of active pains. The membranes had ruptured in the outset.

Having called in assistance on account of a supposed malposition, the midwife was discharged. The presenting parts were found so high in the pelvis that it was determined to await an hour or two the further results of uterine contraction. Meanwhile Dr. HENDERSON was called in consultation. Having introduced the hand into the vagina it was concluded by both to be a case of vertex presentation with marked hydrocephalus. What rendered the diagnosis so difficult was the extensive dilatation of the fontanelles, one of which presented.

After perforation and escape of a large amount of fluid, the head collapsed and delivery was easily effected. Even after the escape of so much fluid, the head after restoration to its normal shape, gives, in parietal, a diameter of six inches; antero-posterior, seven inches. It is easy to understand that a head with such diameters could not engage in the superior strait. Perhaps about a quart of fluid escaped from the orifice of perforation; a pint was collected in a vessel as it flowed, and at least a pint saturated the bed clothes. The speaker would venture no speculations as to the cause of this monstrosity. As is usual in such cases, she could remember to have been frightened during her gestation, and all the women present could also remember having heard her express her opinion as to its possible effect at the time.

Dr. RICHARDSON delivered a woman recently of a fine, large hydrocephalic rachitic child, wherein much trouble was experienced in effecting extraction, on account of the excessive development of bone. This was even more marked than in a child of ten or eleven years of age, and offered such an obstacle that the bones overlapped each other in delivery. This same osseous hypertrophy was marked in all the bones of the body.

NEW YORK COUNTY MEDICAL SOCIETY.

(The President, Dr. A. JACOBI, in the chair.)

February 13th.

A eulogy was read on Dr. BENJAMIN DRAKE, who died January 11th, 1871. Dr. Drake had been an honored member of the Society for many years, and at one time Vice President.

Dr. FORDYCE BARKER, in a few fitting words, paid tribute to the late lamented Dr. GEO. F. ELLIOTT as a learned and polished man, as an author, as a collegiate and hospital colleague, and lastly as previous President of the Society.

The President appointed Drs. J. E. Taylor, Fordyce Barker and John C. Peters, a committee to draft resolutions in respect to his demise.

Dr. FLINT read the paper of the evening, "*Pathological Relations of the Gastric and Intestinal Tubercles.*"

Dr. Flint reviewed the researches of HANFIELD JONES, WILSON FOX and SAMUEL FRUWICK, of England, also read reports of cases which went to show that in a certain number of cases anorexia, anæmia, exhaustion and death were the result of degeneration of the tubercles in the alimentary canal.

The President called on Dr. Barker.

Dr. Barker said he could add nothing to the able paper, either in therapeutics or pathology. Of the different cases which had been cited the majority were of advanced age, and he was of the opinion that this might be causative.

In past years was in the habit of seeing many cases of typhus and typhoid fevers, and has seen, time and again, that after the fever had passed away and convalescence set in, this condition would arise.

In the discussion on puerperal fever before the Academy of Medicine many years ago, in treatment of the loss of appetite, which was noticed in that affection, he suggested that it was due to a congestion of the mucous membrane and glands of the stomach. Was also one of the opinion that child-bearing might act as a cause. He recalled a case of labor in a patient under 30, where she did exceedingly well for three or four weeks, but at the end of that time became dyspeptic; shortly after regurgitated anything that was given to her, and she eventually died suddenly.

The President inquired how these changes were related to changes in other glands, and called upon

Dr. JANEWAY, one of the curators of Bellevue Hospital, to answer.

Dr. Janeway said, that it might be produced by increase of fibrous tissue, causing compression of gland structure by interstitial inflammation, or by fatty degeneration.

The President wished to know also if anæmia of stomach, coming on in pregnancy, might give rise to degeneration. Dr. J. did not know.

Dr. Janeway had seen two cases of diarrhœa, in which he had diagnosticated waxy degenerations of intestines from the general history, and at the autopsy both diagnoses were correct.

NEW YORK PATHOLOGICAL SOCIETY.

(Dr. ALFRED L. LOOMIS in the Chair.)

Ballet Dancing Causing Abortion—Death from Hydrate of Chloral.

Dr. FINNEL presented a uterus with the following interesting history:

A. B., 23; married; ballet dancer; was in the 6th month of pregnancy and continued regularly her occupation at one of the theatres in the city till labor pains came on; was delivered of a dead fetus, but for all, did exceedingly well.

On the second day after delivery, her physician ordered her 30 grains of hydrate of chloral, to be repeated if she did not sleep. In two or three hours other 30 grains were given, and in half an hour from the second dose, patient died. The only symptom noticeable was coldness of the extremities coming on shortly after giving her the second thirty grains.

Autopsy 14 hours after death. Although in the recent cold spell, and but such a short time after death, Dr. Finnel has never seen decomposition so far advanced even in midsummer. In reply to a question from the President, Dr. F. said there had been no hemorrhage after the abortion.

Dr. JANEWAY has seen ʒj, doses given every three hours for delirium tremens, at Charity Hospital, and no bad result, ʒss. produced but a slight effect..

Dr. Whitall at the Colored Home, has given ʒss. and ʒj. at a dose.

The President has frequently carried it to 45 grains at a single administration.

Placenta Previa

Dr. FINNEL also presented the specimen of uterus and placenta, shown at Dr. THOMAS' clinic The history was then given in full.

Cancer of Liver.

Dr. WHITALL presented a specimen of cancer of liver, with history. Patient, æt. 46; single. Entered Colored Home, Nov. 24th, 1870. Family history good. Complained of debility, with swelling of the feet. Temperature, 100½; deeply jaundiced. On examining the abdomen, the liver was found extending over to the umbilicus, but not sensitive. No ascites. Patient sank gradually and died. On examining the patient the liver was found studded by medullary cancer; two calculi, weighing ʒj. were found in the gall bladder.

Dr. Janeway inquired as to the condition of the stomach. Dr. W. said the stomach was perfectly normal.

Phthisical Cavity Giving Rise to a Friction Murmur.

Dr. Whitall also presented a specimen of phthisis with cavity, closely similating one shown by Dr. LOOMIS, two months ago, in which the systole of the heart gave rise to a murmur, and at the end of expiration this was double. The sound was produced in the cavity at the apex of the lung.

The intestines of this patient showed ulceration of Peyers' patches, with enlargement of mesenteric glands.

PROCEEDINGS OF THE NEW YORK ACADEMY OF MEDICINE.

February 2, 1871.

Before proceeding with the business of the evening, the President nominated Drs. T. G. THOMAS and J. W. S. GOULEY a committee to retire from the meeting and draft resolution in regard to the demise of Dr. T. G. ELLIOTT, a late fellow of the Academy.

Diabetes.

Dr. GOV. M. SMITH read an interesting and exhaustive paper on diabetes mellitus and diabetes insipidus, giving the details of 26 cases treated in the New York City Hospital. Of these, 15 were relieved, 7 died and 4 remained *in statu quo.*

The treatment pursued was meat diet with *tonics, benzoic acid, alkalies and nux vomica.* Traveling was also attended with benefit.

During the years 1867-8-9, and first six months of 1870, 80,068 deaths were registered in the New York health department, and of these, 58 were from diabetes, and all recorded by different physicians. Of the deaths from diabetes, 17 were in 1867; 10 were in 1868; 22 were in 1869; 9 were in 1770.

Dr. Smith considered the alkaline waters to be of decided value.

The President called on Professor John C. DALTON to continue the discussion.

Dr. Dalton, on rising, said that he coincided with Dr. Smith in respect to the deficiency of experimental research in deciding either the physiology or pathology of the question. When the fourth ventricle is irritated in the median line, diabetes follows within two hours, but never within one hour; but this gives no definite idea as to its occurrence. Some suggest that respiration being modified, the sugar is not destroyed in the lungs; others, that the liver is the seat of the disease. As the pneumogastric

is distributed to both, it is very difficult to decide. Dr. Dalton summed up in *extenso* the experiments of CLAUDE BERNARD and Dr. AUSTIN FLINT, Jr.; also the exceptions that were taken to Bernard's views and their final adoption.

The President then called on Dr. WILLIAM H. DRAPER to open the discussion at the next meeting of the Academy.

Drs. Gouley and Thomas, having returned resolutions of sympathy and sorrow in respect to the late Dr. Elliott, were moved and adopted.

The Academy then adjourned.

EDITORIAL DEPARTMENT.

PERISCOPE.

Angina Pectoris.

In an article on this disease in the *Edinburgh Medical Journal*, Dr. F. W. MOINET concludes thus:

Let us see what are the *post-mortem* appearances of the heart found in patients who have died during a paroxysm of this disease. In all of the reported cases we do not find that in one was the heart, or a portion of it, contracted on itself after death, but the reverse, the heart being always found flabby and unusually flaccid, frequently with clots in the cavities, showing how feebly the heart must have been acting. Professor SMITH relates a case of tetanus, in which, after death, the heart was found so firmly contracted on itself as to cause obliteration of the cavity of the left ventricle, and so twisted as to present a spiral condition from the extreme contraction of the oblique muscular fibres. Now, this is a case of spasmodic disease affecting the heart, in which, after death, we find it still remaining in a state of contraction. So it is surely but reasonable to expect that we should find the heart in some of those who have died in a paroxysm of this disease in a state of partial or complete contraction, but no such condition has ever been described, while the flabby and flaccid state is the condition always found. Nor is it at all likely that spasm could change at the moment of death to syncope, which is always the immediate cause of death.

Having thus stated my arguments, let me sum them up. While the arguments for paralysis exclude spasm, and although, perhaps, we have not given any one fact that it is by itself perfectly conclusive, it is because so little is known of spasm of the heart, that probable conjectures are all that can be made on some points in the present state of our knowledge. Still by the study of spasm in other organs and parts, we are entitled to judge what would, to a certain extent, be its effects and symptoms in another organ, so that the probabilities are very reasonable ones, and do not invalidate our argument as a whole; and as it must be either one or the other—spasm or paralysis—no other theory being able to account for the symptoms and history of the disease, we think we are justified in saying it is a paralysis occurring in, and depending on, a weakened heart.

Treatment.—During the paroxysm the treatment most efficacious in relieving the symptoms is that by diffusable stimulants and opium, hot brandy and water, sinapisms to the feet, and placing the hands in hot water. In the functional cases, treatment must be directed mainly to the stomach and nervous system. Tonics, such as iron and quinine, and regular exercise, will be found most beneficial. TROUSSEAU, in his work, mentions some good results he obtained from galvanism; but from the reports of the cases operated upon, they must have been functional, as it is only in these cases that cures could be effected. Still, we are inclined to think that galvanism carefully, and at first gently, applied, might be of some service even in organic angina, by giving tone and stimulus to the heart's muscular fibre, and that, at least, it is worthy of a trial. Another remedy we would suggest is bleeding, for by relieving the languid and stagnating circulation, you ease the heart, and at the same time give it a stimulus and opportunity to recover itself, especially when the paroxysm is a protracted one. Nitrite of amyl is also sometimes found useful; it acts as a stimulant—its speedy action being due to its being administered by inhalation.

Tincture of Arnica in Acute Pulmonary Affections.

Mr. C. C. BALDING, M. R. C. S, writes to *The Lancet:* I am desirous of calling the attention of the profession to the value of tincture of arnica in the treatment of pneumonia and other acute pulmonary affections. Some years ago Mr. MITCHELL HENRY, then assistant-surgeon at the Middlesex Hospital, wrote an article in *The Lancet* advocating its use in allaying irritative traumatic fever. A few weeks after the appearance of that article I was summoned to a man, a railway porter at this station, who had been squeezed between the buffers of two trucks. I found the sternum depressed, and, consequently, dislocation of sternal ends of both clavicles; he was suffering acute pain in the chest, and was almost in a state of collapse

and, from his condition, I feared injury to the lungs. With difficulty I got the sternum in position, and when he rallied, which he soon did, I gave him five minims of tincture of arnica every four hours. To my surprise the pulse kept down; he had no febrile disturbance whatever, and in a few weeks resumed his usual occupation.

It then struck me that a drug exercising such a powerful effect upon the heart's action must be of benefit in acute pneumonia, and I determined to give it a trial, and it was not long before I had an opportunity of doing so. Its good effects exceeded my hopes, and since then I have treated all my cases of acute pneumonia in adults with the remedy, for such I must call it, for I have never known it to fail. I employ it also in acute hæmoptysis; but when there is extensive tubercular disease of the lungs I have not found it lower the circulation. A case of hæmoptysis and one or two pneumonia have just come under my care, and these being similar to many others, I will simply give them, thinking the result of the treatment so striking that the profession will be induced to give it a fair trial.

Bernard T———, æt. twenty years, a strong, muscular young man, a brickmaker, attended at my surgery, four miles from his own home, on Sept. 1st. He was seen by my assistant, Mr. P. P. Langford, who reported him suffering from acute febrile disturbance. He advised the patient to get home as quickly as he could and go to bed.

On the 3rd Mr. Langford visited him, and found that he was suffering from acute pleuro-pneumonia of the right side. Posteriorly there was dullness over nearly the whole of the lung, with friction sound and some small crepitation in the upper part. At the base of the left lung, for about two fingers' breadth posteriorly, the mischief had commenced. Pulse 100, full and incompressible; respiration not taken. Mr. Langford told me of the case before prescribing, when I advised him to give ten-minim doses of tincture of arnica, with solution of acetate ammonia, every three hours.

Sept. 4th.—I visited him. His countenance was then dusky and anxious; pulse 100; respiration 60. The physical signs of the inflammation showed that it had not extended since the previous day. To continue the medicine.

5th.—Seen by Mr. Langford. Pulse, 85; respiration not taken. Medicine to be taken every four hours.

6th.—Pulse, 80; respiration, 40; countenance improved. Continue medicine.

7th.—Pulse, 72; respiration, 32; small crepitation audible in upper part of the lung posteriorly. To take the medicine every six hours.

8th.—Pulse, 60; respiration, 24; lung improving. To continue the medicine every six hours.

10th.—Pulse 50, irregular; respiration, 30. He was sitting up in bed, taking a milk mess, when I visited him, and expressed himself as quite comfortable. To take five minims of the arnica three times a day.

12th.—Pulse 60, irregular; respiration, 24; right lung normal, except for about two fingers' breadth at base, where there is a small crepitation; left lung well. To discontinue medicine.

The rapid absorption of the effused products of inflammation in this case is remarkable, but it is only what I have seen in several others. The persistent effects of the drug also are very noticeable, as I have known the pulse remain at 40 for several days after the medicine has been discontinued, and even after the patient has got about. The case of hæmoptysis is briefly as follows:

Mr. W. B———, small farmer, æt. sixty, came to me on the 18th of August last, and said he had coughed up, he thought, three pints of blood on the previous day. I examined his lung, and did not find any signs of extensive tubercular disease. He had been subject to winter bronchitis, and there were symptoms of an atheromatous state of vessels. Pulse 90, full and incompressible. Ordered ten minims of tincture of arnica, with fifteen of dilute sulphuric acid and syrup, every four hours. His pulse was very soon reduced, and in four or five days was down to 40, and remained so for three or four days; he got about his employment in ten days, and has had no return of the hæmoptysis.

Reviews and Book Notices.

BOOK NOTICES.

The Change of Life in Health and Disease. A practical treatise on the nervous and other affections incidental to women at the decline of life. By Edward John Tilt, M. D. From the third London edition. Philadelphia: Lindsay & Blakiston. 1871. 1 vol. 8 vo. pp. 800. Price, $3.00.

This edition of this well-known and excellent work comes before the public with considerable additions and alterations, which brings it fully up to the advancement of gynæcological science. The information it contains regarding the important epoch in the life of woman of which it treats, should be familiar to every physician, and in a popular form to every woman.

We especially commend to those ostentatious pietists who would keep from the general reader all works on these subjects the following extract from the author's preface: "I am more and more convinced that most diseases of women are preventible, and that their frequent occurrence depends upon the lamentable ignorance in which young women are brought up concerning all that relates to those very functions by which they are constituted women."

MEDICAL AND SURGICAL REPORTER.

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S. W. BUTLER, M. D., D. G. BRINTON, M. D., Editors.

☞ Medical Society and Clinical Reports, Notes and Observations, Foreign and Domestic Correspondence, News, etc., etc., of general medical interest, are respectfully solicited.

Articles of special importance, such especially as require original experimental research, analysis, or observation, will be liberally paid for.

☞ To insure publication, articles must be *practical*, *brief* as possible to do justice to the subject, and *carefully prepared*, so as to require little revision.

We particularly value the practical experience of country practitioners, many of whom possess a fund of information that rightfully belongs to the profession.

The Proprietor and Editors disclaim all responsibility for statements made over the names of correspondents.

SOMETHING NEW!

Beginning with the first Number in March, subscribers who receive their REPORTER in a *pink wrapper* will please understand that a payment is due from them. Bills have been sent to all, and we hope that this *constant reminder* will induce the thoughtless ones to respond *at once*. As soon as payment is received *in advance of date*, the wrapper will be changed.

BARRACKS AND HOSPITALS.

The *Report on Barracks and Hospitals* recently issued from the Surgeon-General's office, (Circular No. 4, c. s.) is a highly important document, inviting careful study by all those interested not merely in military, but in civil hygiene. The principles on which these edifices should be constructed are luminously set forth in an introductory essay, in the form of a report, by Dr. J. S. BILLINGS, U. S. N., and the numerous reports of surgeons at military stations appended add much matter of interest.

The problem of ventilation is not met by merely giving ample cubic air-space to each soldier, say 600 in barracks and 1,200 in hospitals, in a temperate climate. There must be an arrangement for the prompt removal of breathed air and the furnishing of pure outdoor air, thus causing a constant circulation. Open fire-places are recommended as one of the efficient means by which this can be accomplished. They can be two in number, placed back to back, and enclosing an air chamber between. This can communicate above with the room by dampers, which can be closed when desired.

The double bunks, in use at some barracks, are unqualifiedly condemned, and with great justice. Time was when they were used in hospitals, and in the old days of the Hotel Dieu, in Paris, it was no unusual sight to see three or four patients, suffering from different acute diseases, and in various stages of their maladies, occupying one bed.

Bathing facilities are recommended at every post. "The bath tub should be considered as important an article of equipment as the cooking stove." Cleanliness, indeed, is peculiarly important where men are crowded together and exposed to the deleterious influences of close association. We know from experience the extreme difficulty, even impossibility, of keeping oneself free from vermin under such circumstances.

A model ward of a hospital should be about twenty-four feet wide, fifteen feet high, and have windows on opposite sides, one to every two beds, reaching nearly to the ceiling. The ventilation should furnish at least three thousand cubic feet of fresh air per man per hour. The kitchen, laundry, and dead house should be at a distance from the ward.

A curious part of the report refers to what may be termed the "personal equation" of medical officers. It is constantly noticed that at the same post, and with the same troops, the accession of a new medical officer is followed by a marked increase or diminution of the number of sick taken on sick report; yet the general condition and relative mortality of the post remains the same. The ratio of sickness varies as much as forty per cent., depending upon the physician. As Dr. BILLINGS justly remarks, this source of error extends to all medical statistics, and an allowance must be made, therefore, in comparing them, just as the astronomer makes an allowance for the personal equations of individuals in observing the phenomena of the heavens. We regard this as a novel and important observation.

PRESBYTERIAN HOSPITALS.

The attention which the various denominations of Christians are giving to plans of active practical benevolence, is one of the cheering

proofs that the religion of our age is no mere orm or empty respect to ancient usages. Of these plans certainly none will commend itself to our readers more than the establishment of hospitals, in which the friendless and the indigent poor may obtain the benefit of the recent improvements in medical art, and the most favorable conditions for recovery.

A number of denominations now have hospitals under their own charge, and we are glad to see that they are constantly increasing. We have before us the first and second annual reports of the Presbyterian Hospital, of New York, and a perusal of their contents has much impressed us with the value of this munificent charity. It occupies a complete block of ground, between 70th and 71st sts., and Fourth and Madison avenues. This site, valued at $250,000, was presented by Mr. JAS. LENOX, who also gave an additional quarter of a million dollars in cash.

The building itself, plans of which we present in this number, is constructed on the most improved modern ideas, with fine large airing grounds for patients, and roomy, well ventilated, cheerful wards.

The hospital, when completed, will consist of three pavilions (accommodating about 300 patients), an administration building and a boiler-house.

All of the buildings except the boiler-house are to be three stories high, with basement, and attic in Mansard roof. The basement will be eight feet high. The first story and attic will be twelve feet high, respectively; while the height of the second and third stories will be fourteen feet and six inches in the clear.

The basement story of pavilions will be devoted to the accommodation of hot-air chambers, engine-rooms, fan-rooms, etc.

The first floors of pavilions will be occupied by private wards with all their necessary accessories; whilst the three upper stories will contain the public wards.

The chapel will occupy the central portion of the building in the third and fourth stories, with spacious staircases on each side, and will be surmounted by a spire.

The boiler-house will contain a laundry, with drying and ironing rooms.

All the heating and steam power required throughout the hospital will be furnished from this building.

The main chimney-shaft, 100 feet high, will have air-chambers around it, in connection with and for the purpose of ventilation.

As regards the interior construction, the aim has been to introduce all of the latest improvements; thus the walls and ceilings will receive a perfectly smooth hard-sand finish, instead of the ordinary so-called hard finish—hard woods, waxed, will be employed in trimming, thus avoiding the use of paint. All angles will be rounded off. The bases in wards, and where else required, will be of porcelain, or some equally hard non-absorbent material.

It will not be long before we may hope to see this building completed, when, it will be seen from this brief description, that it will compare most favorably with any structure for the same purpose which can be seen in this country.

The cordial reception which the project met from a number of members of the church, as well as the intrinsic value of such an establishment, have led those belonging to the same denomination in this city to initiate efforts in the same direction.

At a recent meeting of the Executive Committee of the Presbyterian Alliance of Philadelphia, Rev. Dr. NEVIN read a report relating to the proposed Presbyterian Hospital, setting forth the need of such an institution in the Presbyterian church, for the shelter and cure of indigent and sick members of this communion. As a church, it was argued that the subject had been delayed too long already by the members, other denominations having their hospitals, where their sick and disabled are cared for. It was argued that if the subject were considered favorably, and acted on, the latent power of the church would be brought into requisition.

The project has been commenced under unexpectedly favorable auspices, by the generosity of the Rev. Dr. SAUNDERS, who offered a fine lot of ground nearly three acres in extent, for the purpose, together with some valuable buildings upon it, the whole estimated to be worth $100,000. Whatever encumbrances are on the property, Dr. Saunders will raise the money to liquidate. The location is pronounced by competent medical men to be healthy, and in all respects adapted to the purpose.

We need hardly add that no sectarian narrowness is contemplated in this enterprise. While it will be more particularly designed

for the sick poor of the Presbyterian Church, those of any or no religion, who need its attention, will not be turned from its doors.

Many of our readers will feel an interest in the above statements, and we shall be glad to give any further information on the subject, or be the medium of conveying any *practical* sympathy with the object to the proper sources.

Notes and Comments.

State Vaccine Agents.

We regret to see that the State of West Virginia contemplates abolishing its vaccine agency. There was lately brought before the Legislature a bill to inquire into the expediency of appropriating money to pay the State Vaccine Agent for his services last year, and as to the expediency of abolishing the office.

Poison-Oak—Tetanus.

Dr. W. W. DUNN, of Louisiana, writes us: "I consider a decoction of the leaves of a tree, known with us as 'cotton-wood, a specific for poison-oak. I prescribe a teacupful several times a day, until the disease is cured. I never knew it to fail. There is no danger; the patient can drink *ad libitum*. There is also a small, creeping vine with us, known as May pop, which we have tried successfully in tetanus. Make a strong decoction, and give freely until emesis is produced, and all the spasms, rigidity of muscles, the annoying symptoms, speedily vanish as if by magic."

Some further facts can be gleaned by consulting the "Report on Med. Botany," in Vol. 5, Trans. Am. Med. Association.

The Puff Direct.

A paper in Topeka, Kas., thus dilates concerning a young (eclectic) practitioner in that place: "While tumors are being extracted by the old, barbarous method of cutting and carving the flesh, Dr. —— has adopted a plan which destroys the tumor with very little pain. He uses a hypodermic syringe, and throws a solution into the tumor, which causes it to dissolve." (!!)

New York Items.

At the last meeting of the Medical Board of Bellevue Hospital, Dr. T. G THOMAS requested to be transferred to the vacancy in the obstetrical service, consequent on the death of Dr. ELLIOTT.

Moved and seconded that it be granted. Lost.

Ayes—Alonzo Clark, F. M. Markoe, H. B. Sands, A. T. Loomis, J. W. S. Gouley, F. G. Thomas—6

Nays—A. B. Mott, B. W. McCready, A. Flint, J. R. Wood, F. H. Hamilton, S. Smith, F. Barker, L. A. Sayre, A. Flint, Jr.—9.

Moved and carried that the Board proceed to appoint names to be sent to the commissioners for selection.

The names of the following were proposed: C. H. Budd, E. R. Peaslee, J. C. Nott, W. T. Lusk, W. H. Draper, E. S. Dunster.

The President appointed Drs. Barker, Sands, Loomis, Nott, and Flint, Jr., a committee to select two from the number. Drs. W. T. Lusk and E. S. Dunster were selected.

The committee for examination of candidates for Bellevue Hospital for the ensuing year are Drs. Wood, Markoe, Crane, Gouley, Flint, Jr., and Taylor.

The Commissioners of Public Charities and Correction appointed Dr. W. T. LUSK visiting obstetrician in place of Dr. Geo. T. Elliott, deceased.

The New York Drug Bill,

In the New York Legislature, contemplates providing for the establishment of an examining board for the examination of and licensing clerks employed by druggists in the city of New York. Amended and passed. It directs the mayor to appoint, within ninety days, a board consisting of two skilled pharmaceutists, two skilled druggists, and two regular physicians of the city of New York, to act during the pleasure of the mayor and commonalty as an examining board, for the examination and licensing of all persons now employed or hereafter to be employed as clerks by any druggist or keepers of drug stores engaged in preparing, putting up and dispensing medicines in that city, and makes it unlawful for other than dispensing clerks, who shall be examined by the board, and shall have received its certificate or license, to put up prescriptions.

"It shall not be lawful," says the bill, "for any druggist in the city of New York, after the expiration of thirty days after the organization of said Examining Board, to employ any person as a clerk who has not duly passed examination and received a certificate as provided;" and any person violating this provision "shall be deemed guilty of a misdemeanor, and shall be fined not less than five hundred dollars, or imprisonment for six months, or both, at the discretion of the court." The Board of Supervisors are directed to provide such compensation for the Examining Board as they may deem reasonable. The bill, as thus amended, differs from the original in the important respect of designating a mixed board of pharmaceutists, physicians and druggists—six members in all—instead of a board consisting of five physicians only.

Alumni Meetings.

The Alumni of the Medical Department of the University of Pennsylvania propose celebrating the anniversary of the Institution of the Society by an entertainment to begin on Monday evening, March 13th, at 7 o'clock, being the day before Commencement. The subscription ($5.00) is open not only to members of the Association alone, but also to graduates in good standing.

The annual business meeting of the society will be held at 5 P. M., of Commencement day, March 14th, at the University.

The annual meeting of the Alumni Association, of Jefferson College, will be held at the College on Saturday, March 11th, at 12 o'clock. The address of the President, Prof. SAMUEL D. GROSS, will be delivered at the College in the evening at 7 o'clock precisely; after which the Alumni Dinner will be served at Augustin's, 1105 Walnut street.

Correspondence.

DOMESTIC.

Maternal Impression.

EDS. MED. AND SURG. REPORTER:

I was once a firm disbeliever in mothers' marks, and ridiculed what I considered the superstitious notions of others, whenever I found them, which is almost universal with the common people. But a circumstance occurred in my practice some two years since which caused me to think there might be something in them after all. I consider it as marked a case as any I have seen in THE REPORTER, and will give it you for publication if you deem proper.

February 14th, 1869, I was called to conduct the labor of Mrs. O. H., æt. 31. It was her fifth child; as the labor was normal in all respects, I will not state its progress. In three hours after I entered her room she gave birth to a fine boy at term, perfect in all respects, except that all the fingers and half the thumb of the left hand were missing. The deformity was not discovered until the child was being washed. By my attention being called to it the mother suspected something wrong and asked if the child was all right. In attempting to give an evasive answer she was all the more impressed that something was wrong with the child, and we were forced to show her the deformity. She at once requested her husband to bring a picture from another room. When the picture was handed her she remarked, pointing to one of the hands, "there is the cause of all that." The picture was an ink painting of a little daughter deceased, taken from a photograph, and very elegantly executed, with which the mother was well pleased, except with one hand, the fingers and half the thumb of which was concealed by the clothing. Over this little imperfection in the painting the mother was very much troubled. She saw the painting for the first time in the fourth month of pregnancy. I compared the deformed hand of the child with that of the painting, and found *just that part of the same hand wanting* in the child that was concealed in the painting. This was conclusive to all present, except myself, and I had not the courage to say a word in disapprobation.

G. H. HOLLAND, M. D.

Frankfort, Ohio.

Chloral Hydrate.

EDS. MED. AND SURG. REPORTER:

I have read with interest the various reports in your journal of the use of chloral hydrate, but I have not seen an account of its being given in such large quantities as I have found necessary in my practice.

Not long since I used it for a patient who had taken six grains of opium in divided doses, to arres threatened abortion. She had not slept for five days and nights, and was almost wild with opium rash. Between 9 and 11 o'clock P. M. I administered one quarter of an ounce of the chloral. At 11 o'clock she fell asleep and slept until 6:30 A. M. She awoke refreshed, feeling no unpleasant effects. The rash had entirely disappeared.

Within 36 hours I administered six drachms in 40 grain doses to a man suffering from the nausea and insomnia consequent upon a debauch; the vomiting was controled and sleep induced, with no ill effect. Have any of your readers given larger doses?

J. C. C. DOWNING, M. D.

Wappinger's Falls, N. Y.

The Propriety of Medical Advertising.

EDS. MED. AND SURG. REPORTER:

Why should the medical profession evince a disposition to expel a member, however deserving he may be, who has the temerity to advertise his vocation? If a physician believes himself competent to successfully administer to the wants of suffering invalids, what good reason may be given for withholding from him one of the chief avenues to success?

I doubt not that inexorable custom, which regards any thing *malum prohibitum*, has prevented many meritorious physicians and skillful surgeons from availing themselves of the medium which charlatans find successful in creating enormous incomes! Why should the pathway which usually leads to wealth, open to the merchant, the attorney, the journalist, and all other vocations, without exception, be closed against the meritorious Esculapian alone?

Often, I doubt not, the modest and unassuming physician spends, if not a life time, at least many of his years, in comparative obscurity, with scarcely receipts enough from his profession to prevent actual want, while his confident contemporary, the most unscrupulous charlatan, by extensive advertising obtains a large and lucrative business.

If a country doctor can increase his meagre income by a judicious advertisement, what sound, ethical principle should prevent him from doing so?

If advertising brings a golden harvest to others less entitled to fortune's favors, why may not the toil-worn physician, *carpere diem*, and make hay while the sun shines? Should it not be considered a matter of taste and judgment, and left to the discretion of each individual member of the profession, to determine whether to advertise or not?

Respectfully,

W. W. Alexander, M. D.

Athens, Tenn., Feb. 13, 1871.

[The objection to advertising on the part of professional men—both lawyers and doctors—is, that if adopted, it would be abused, and that after all, there would be really not as good a chance for indigent merit as there now is. The longest purse would control the public mind. Then it would add an overpowering temptation to claim merit, which we do not possess in matters—unlike teas and dry goods—where it is impossible for the public to form an opinion.—Eds Reporter.]

Treatment of Scarlatina.

Eds. Med. and Surg. Reporter:

So much has been written in your able columns on the subject of scarlatina, that without an apology I might be termed presumptuous; but having passed through two epidemics of that disease with success in my plan of treatment, I am led to add to the rest my mite. Scarlatina is admitted by all, I think, to be classified under the head of not merely an exanthema, but rather a blood poison with the exanthema as one of the symptoms. The rational treatment in any affection is to remove the cause, and as *a priori* the malady will cease, on this principle I base my treatment. Admitting the cause of the disease to be a blood poison, the *rationale* would be to eliminate that poison. What are the eliminators of the body? Kidneys, bowels, lungs and skin. Following up our plan of reasoning, it is evident these organs are the media through which the elimination is to take place; and in accordance we prescribe such ingredients as will be best adapted to the porpose of each individual case. Mild diuretics for the kidneys; calomel, followed by mag. sulph., for the liver and bowels; pure air for the lungs. And now we come to the skin, the greatest eliminating surface of the economy, and on whose action I mainly depend in all cases of scarlatina, from simplex to maligna. I firmly believe that few cases of scarlatina would terminate fatally if seen early in its career and an early action of the skin be secured. If this be true (and I believe experience will confirm it), what then are the best remedies to secure so benign an object? Well, my plan is nothing new; simply an old remedy revived, viz., Warm, stimulating baths, followed immediately by warm inunction, more for the purpose of protecting the peripheral nerves than to add virtue to the bath; these baths, used at a temperature to suit each case. I find the more sthenic the disease, the higher should be the temperature of the baths; and as the active part of the disease subsides, so the temperature and frequency of the baths may be lessened. To the throat, locally, bladders of ice. Internally, potassæ chloras, quinine, tr. ferri chlo., etc. As a gargle, alumen, potassæ chloras, potassæ permanganas, acidum carbolicum, or any of the combinations suggested in the books or by the judgment of the physician. Light diet, of a cool, sustaining character—nothing acting better than milk; lemonade as a drink *ad libitum;* oranges, ice drinks or ice to swallow. Bed clothes to be changed frequently, at least once a day, and attentive nursing.

By following in main the above plan, I have attended about 200 cases of the different degrees without the loss of one.

H. G. Binkley, M. D.

Washington, Pa.

News and Miscellany.

The Medical Department of the University of New York.

The annual Commencement exercises of the Medical Department of the University of New York were held on Wednesday, February 22d, in Association Hall, and attracted a large audience. Chancellor Crosby delivered the opening address. A list of the graduates was then read by the Chancellor. The diplomas were next distributed by the Chancellor, and the names of those students were read who had attended the Spring, Summer, and Autumn courses of lectures, in addition to the Winter course, and who are thereby entitled to certificates of honor. The prizes were then distributed.

Prof. J. C. Draper then delivered the valedictory address to the graduates. He said that during nearly 30 years of active life their college had annually contributed her quota to the world's great army of workers, and though at her Commencement she may not exult as loudly as other and more youthful institutions, she loves her children none the less dearly, and in her mature maternal affection seeks to give them the useful, practical knowledge which is to aid them in their struggle with disease and death, and pays but little heed to the tinsel and

glitter that are so often employed to cover ignorance and superficiality. After cautioning the graduates not to allow the honor and dignity of the profession ever to lose anything at their hands, he said that among the numerous virtues they would be called upon to cultivate would be patience, both in relation to their studies and awards. With Patience was her twin-sister Perseverance; without her they could accomplish nothing; with her, everything. He advised them, having secured these two virtues, to be careful in their intercourse with patients, and to exercise that decision and promptitude which were evidences of their self-reliance and thorough knowledge of the profession. Especially in cases of danger and difficulty should thep endeavor to be prompt, and thereby win the confidence of the invalid. Even though they might have doubts regarding the nature of the disease, they should not express them, but do something to meet the prominent symptoms, and so satisfy the patient and gain the time necessary for an exact diagnosis. As regards the use of remedies, like Radcliffe, the illustrious founder of the Oxford Library, they entered on the pursuit of their profession with twenty remedies for every disease, and, like him, they would soon find that they had twenty diseases without any remedy. Under the latter circumstances there would be nothing left but to follow what is known as the expectant plan of treatment, the fortunate results of which were happily expressed in the following lines, by one of its earliest advocates:

"The grave my faults does hide,
The world my cures does see;
What youth and time provide
Are oft ascribed to me."

The establishment of your gig, he said, will be the great event in your early career, for it will not only be an evidence of your success, but will greatly promote your practice among those who do not care to have their carpets soiled by the muddy feet of pedestrians. Be careful, however, not to establish it too soon, since it is certain destruction to be obliged to give it up. Above all, if you are driven to any devices to secure the use of a vehicle by day, be sure to keep them profoundly secret, having before you the recollection of the unfortunate doctor who drove a cab by night to ride in it by day, and who, in a moment of forgetfulness, jumped on it instead of in it, and thereby lost the labor of years. On the subject of fees you are to be guided by the customs of the community in which you are established. In your dealings with the poor, he said, always be merciful, and endeavor as far as possible to make up the difference with the rich. At the conclusion of Prof. Draper's address, Dr. E. F. Preston delivered the valedictory address of the class, and after the benediction had been pronounced by Chancellor Crosby, the audience dispersed.

QUERIES AND REPLIES.

Chloral Hydrate.

MESSRS. EDITORS: Are doses of 30 or 50 grains of this substance safe? In my hands 10 or 15 grains put a nervous body so quietly out of the way, I am seldom obliged to repeat the dose. Are its very bad taste, and the very unpleasant sensation in the throat caused by an impurity, and can it be got rid of? If not an impurity, can it be disguised? Pray, let us have in the next weeks' REPORTER the experience of a dozen, more or less, who have taken thirty to fifty grains at a dose. M. DE F., JR.

Dr. T. C. T., of Ohio.—The person whose consumptive cure you inquire about is a notorious and shameless charlatan.

Dr. D. Y. R., Ohio.—We can furnish you a good wired-skeleton for $45.

Dr. M. S. D., Ala.—Druitt's Modern Surgery costs $4, on reception of which we will forward it, postage paid.

WORDS OF ENCOURAGEMENT.

Dr. A. L. T., Pa., says: "Of all the medical journals I ever saw, or have ever taken, or my father before me, THE REPORTER is the most practical and common sense. I gave up ——— for it, and made a good change."

Dr. R. G. O., Del., says: "Practical men all over the country must thank you for the large and increasing amount of valuable matter, so concisely embodied in your admirable Journal."

Dr. M. S. D., Ala., says: "Allow me to express my sincere appreciation of your very useful journal, and the earnest hope that its usefulness and circulation may continue to increase."

MARRIED.

BRINTON—FUTHEY—In West Chester, Pa., on the 1st inst., by the Rev. John Bolton, William B. Brinton, M. D., to Ida P., daughter of J. Smith Futhey, Esq.

FORT—HILL—Feb. 15th, at Knightstown, Ind., by the Rev. L. B. Shryock, Mr. J. W. Fort, of Cincinnati, and Miss Loretta, daughter of Dr. Hill, of the former place.

NEWCOMB—HARRIS—Feb. 16th, by the Rev. Stephen H. Tyng, Obediah Newcomb, M. D., and Fannie J., daughter of the late Thomas Harris, all of New York.

TERRELL—MALONE—At New Vienna, Ohio, Feb. 15th, by Friend's ceremony, Dr. P. M. Terrell, of Martinsville, Ohio, and Miss Alice E., daughter of John C. and Mary A. Malone, of New Vienna.

THOMPSON—MCCAHAN—January 30th, by the Rev. N. G. White, Dr. James P. Thompson and Miss Maggie McCahan, all of Williamsburg.

TOWLE—BOWEN—Feb. 13th, by the Rev. J. F. Ohl, at the residence of Mrs. E. S. Van Beuren, Dr. M. C. Towle, of Haverhill, Mass., and Miss Kate A. Bowen, of Zanesville, Ohio.

BIRTH.

STANTON—At Stonnington, Conn., Feb. 21, 1871, twin sons to Dr. and Mrs. Geo. D. Stanton.

DIED.

DUDLEY—Near Moorestown, N. J., Feb. 10th, Dr. Evan Dudley, aged 28 years.

GEGAN—In Dublin, Ireland, on the morning of Feb. 21st, Dr. John Gegan, who was for forty years a practicing physician in Philadelphia.

RANNEY—In New York, Feb. 23, Ann Curtiss wife of E. W. Ranney, M. D., aged 46 years.

ROWLAND—Feb. 5th, at Rowlandsville, Cecil county, Md., Isabel, daughter of Dr. Wm. B. and Cassandra R. Rowland, in the eighth year of her age.

SMITH—At New Canaan, Connecticut, Feb. 19th, in the 29th year of his age, E. Herman Smith, M. D., of St. Paul, Minn., and son of the late Rev. Theophilus Smith of New Canaan.

THE
MEDICAL AND SURGICAL REPORTER.

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Original Department.

Communications.

IS SCARLET FEVER CONTAGIOUS?

By Stiles Kennedy, M D.,

Of Newark, Del.

Regarding a former article of mine, Nov. 12, 1870, in which I took ground against the contagiousness of scarlet fever, Dr. T. B. Camden, in the last Reporter of last year, uses the following language: "Not only do the best medical minds of this country and Europe, bear testimony against his theory, but also the laws of contagion throw their weight against him."

In the first place, I wish to thank the doctor for the kind and polite manner in which he has seen proper to mention my name, and to assure him of reciprocal good feeling. But I thank him more for relieving me of an exceedingly embarrassing position. I had told the truth, but it was a *negative;* a negative cannot be proved, and hence my awkward position. It is true, I could fall back on polemic law, and say "no one has a right to ask me to prove that scarlet fever is *not* contagious," but I am happily relieved of this, for Dr. Camden comes forward like a true knight, and boldly answers the affirmative, and essays to prove its correctness; not only this, but he relieves me of the trouble of proving an incidental affirmative proposition of my own, by his inscribing it on his own banner, as quoted above.

Dr. Camden having chosen his position, it remains for him to prove its correctness, and for me to examine such proof as he may choose to bring forward as best my humble abilities can.

Prof. Dunglison is quoted as saying "the contagious diseases are produced either by a virus capable of causing them by inoculation as in small-pox, cow-pox, hydrophobia, syphilis, etc., or by miasmata proceeding from a sick individual, as in plague, tyhus gravior, and in measels, and in *scarlatina*." Now, this quotation is taken from an old edition of Dunglison's Dictionary; it belongs to two or three decades that are now buried. At that time, no doubt, it represented the views of the author, but as the light of progressive medicine dispelled the (so-called) proof, held by the contagionists, Prof. Dunglison found it necessary to change his own views, as the great Dewees did before him; so we find in the last edition of his work, and at the end of this quotation, an interrogation mark placed in brackets, thus [?] meaning very unequivocally that the author had swung around on this very important point. This opinion is borne out by the second use of the interrogation mark a little further on, thus, "contagion and infection are generally esteemed synonymous. Frequently, however, the former is applied to diseases not produced by contact; as measels, scarlet fever (?) etc." And still further on, in a sort of summing up, where all the diseases heretofore mentioned as belonging to the contagious class are called by name, scarlet fever is left off! If, therefore, Prof. Dunglison's testimony is worth anything to any body, it is not to Dr. Camden and contagion.

Prof. G. B. Wood is quoted as saying, "this is a *contagious* febrile disease." Now, six words are taken from Wood's definition, I think to the disparagement of this author and certainly so to Dr. Camden. What is the contagious febrile disease; "*this*," "characterized by inflammation of the fauces and a scarlet rash, appearing usually on the second day, and ending in desquamation about the sixth or seventh day." The "contagion" don't

constitute the disease; it may or may not be, for he says, "cases undoubtedly often occur which cannot be traced to communication with the sick, and in which, indeed, such communication could scarcely have happened, as where the first case occurs in a secluded and perfectly healthy neighborhood," like the "strong proof" case cited by Dr. Camden, of a farmer living several miles from Woodstock, Vt. Therefore the characteristics mentioned by Dr. Wood, he holds as *necessary* constituents of the disease, and yet Dr. Camden mentions a case in his own practice where all these characteristics—I allude to the oldest boy of a family of three children—were present. A plainly marked, unquestionable case of scarlet fever, according to Wood's definition, and yet Dr. Camden says he has "no idea that it was." He puts a witness on the stand whom he does not believe himself, and then asks us to take his testimony against ourselves. We are not told why the case was not scarlet fever, but I suppose it was not so considered because it was not produced by contagion, and did not reproduce itself by contagion like small pox; and yet the witness on the stand testifies that it was scarlet fever, and that the same unfortunate features—for the contagionists—frequently present themselves.

But Dr. Camden occupies no new ground in refusing to recognize such cases as he describes as scarlet fever. Long years ago such cases were brought out and showed to the contagionists. "Ah! this is the exception that proves the rule," we were told at each case. Very soon, however, an intelligent profession found that there were as many cases of *exceptions* as there were of the rule, so that theory was abandoned. The next position taken by those who recognized as present all the characteristics of scarlet fever, but who failed to trace it as coming from any other case, or as going to any other person, was an attempt to form it into a new disease. This seems to be the position of Dr. Camden now, but that ground was thoroughly gone over in the times of the older Mitchell and Chapman, and abandoned as untenable. The latest dodge of the contagionists is that these cases are scarlet fever, but that they lack, from some mysterious cause, the *diffusive* principle; and as the want of this diffusive principle is as evident in the professional faith as it is in scarlet fever, I am only curious to know what the next dodge is to be. FLINT'S practice is next quoted from as saying, "The communicability of scarlet fever is established by the most impregnable proof, and exclusion of inoculation. It is probable that its causation *always involves infection;* of those who are known to be brought into contact with cases of the disease, a much larger proportion contract it than those not exposed." I am not familiar with Flint's practice and I cannot put my hand on the book just now. Perhaps it is no more fair to judge Dr. Flint by half dozen lines that he has written, without the text on either side of them, than it would be to judge Dunglison and Wood by two or three lines taken in the same way. But on the presumption that as Dr. Camden quotes this author to sustain his side of the question, the author uses the term infection as synonymous with *contagion;* and taking the quotation just as it stands, I should say that Dr. Flint has either a very low opinion of his professional brethren or a very high one of himself, for him to suppose that he could stuff such bare-faced dogmatism into the consciences of any respectable number of them. Irrefragible proof! where is it, if it does not consist of bold assertion?

In fact, this is almost too good a witness; he contradicts every one on our side of the question, and everybody on his own side; for every one of the authors quoted by Dr. Camden, six I think, admit that scarlet fever frequently occurs without contagion, but Dr. FLINT asserts that it *always* does, but fails to give the *proof*. No one will welcome such proof more than the writer, and no one will be more delighted if it will stand professional scrutiny for a single hour.

But Dr. Flint, in all probability, does *not* use the term, infection, as synonymous with contagion. Very few writers do, now. Therefore, if he uses the terms as laid down in the latter part of the definition of the author first quoted, when he says that he has irrefragible proof that scarlet fever "*always* involves *infection*," it is equivalent to saying that he has the same irrefragible proof that it *never* involves *contagion*.

Dr. Camden may therefore agree with me that

> "When Bishop Berkeley proved there was no matter,
> He proved it was *no matter* what he said."

Enough has been said already to prove the

utter futility of discussing this matter by the citation of persons and books, unless the proof can be given on which their statements are made, and that would be entirely too voluminous for the pages of a medical journal. It was for this reason alone that in a former article I gave as the result of my reading, besides books, the transactions of medical societies, and the experience of medical men as it reaches us through the proper journals, and a very large professional correspondence, the belief that the view of non-contagion was held by the best men of the profession at present. To have given the name of each one, and the facts on which they based their opinion, would have filled a volume.

I therefore will briefly notice some of the "laws of contagion," and principles set forth by Dr. Camden as applicable to scarlet fever. "Strong proof is afforded," says the doctor, "of contagion *by the importation of the disease into localities previously free from it.*" An example is then given of an "importation" at the distance of a few miles in New England. But are there no causes of *non*-contagious diseases about which there is no dispute, that may be imported according to the signification of the term, as here used. During the past season there have been considerable bilious fever and chills, in the city of Philadelphia, amongst persons who have not been out of the city. It was undoubtedly "imported" there by the wind blowing from the marshes a day's ride below the city. There are every now and then cases of chills occurring on the high lands beyond this town in persons who have not been near a marsh as big as my hand for months or years. The cause of the chills—the marsh miasma—is wafted quietly by the breezes from the bottoms twelve miles distant into the vales of the hills, and there has its effects, and nobody pretends to say that persons in the up country "caught" the chills from persons coming from the bottoms.

Now, I by no means believe scarlet fever "to have the same material cause," but simply that the cause of each disease—whatever it may be—may be transported in the same manner—imported if you choose—at least within the limits of a few miles. "And that equally strong proof is afforded by the importation of the causes of non-contagious disease into localities previously free from it," as is afforded by disease of questionable contagiousness.

But another kind of importation is embraced in the example generally given, and, indeed, in the one of Dr. Camden's.

It is where a person from a healthy district goes into one unhealthy, and after his return takes the disease, and because he takes the disease it is assured to be contagious. Then all malarial diseases are contagious? For under the very same circumstances they may all be contracted. In the more Southern States it has long been notorious that a few hours in a strongly malarious region is sufficient to produce disease in one unacustomed to it. Yet when he returns home no one thinks he "caught" the disease of some one else, but that he was subjected to the operation of the same cause.

Why the cause of scarlet fever cannot be inhaled and produce disease in a few hours without being contagious, is considered such an impossible or unprobable thing I am at a loss to derive.

There is another example from New England, which I think of more pertinence to the issue than the one already mentioned. It is this. In the year 1735 the scarlet fever made its first appearance in this country at Kinston, a little *inland* town of New England. It had no foreign trade, and of course the disease could not be "*imported*" within the next three years. The disease appeared in most of the colonies, but all the evidence is against its being propagated by contagion, for the colonies were small, situated at great distances from each other, and there was very little, and frequently for long periods no, communication at all, and it is too much for human reason, to suppose that convalescents from this disease would undertake the rigors of a journey of the kind necessary to reach distant colonies.

Dr. Camden claims that scarlet fever, like contagious diseases, "has a given time at which the contagious principle begins to show its effects—or the time of incubation." Well, surely if the disease is contagious, the individual observation of many physicians ought to establish the "given time" beyond peradventure, and as it can only be established by observation, every man's testimony in this point is entitled to full weight; there can be no draw backs to it as in the question of contagion itself.

FARMER fixes the time at from *four* to *six* days. CAGENARE from four to *seven* days, CASPER MORRIS—high authority, from *eighth* to *fortieth* day, while WATSON says, "you will be asked at what period the danger of imparting the disease on one hand or catching it on the other is over, and I would recommend you to answer that *you do not know!*" I should think not. The period of incubation is as difficult to fix in scarlet fever as in chills! Another proof of the contagion of scarlet fever is claimed to be its "communicability by *inoculation* by serum," this proof is of such a doubtful character that it is thrown out by the great body of contagionists themselves in their calculations on the disease; indeed, some of them deny that it can be communicated in that way, but claim that this fact is no evidence of non-contagion. (Morris p. 39.) I do not believe that scarlet fever has ever been or ever will be inoculable by its serum.

It is also assumed that this disease is contagious because it "has certain distinct stages at certain intervals, and during a certain course."

Is there anything peculiar in this? Not at all. This certainty of stages, and intervals, and course of agents that effect the economy is the *first* law of pathology. For if agents at work on the organism do not have a certain definite effect, how in the wide world are we to know the seat of disease, or how to apply a remedy? This law applies to the effect of every agent that enters the human body, whether in the shape of food or drink, vegetable or animal malaria, the air we breathe and the medicine we take, to every disease, for disease is simply a want of agreement between these agents and the organic being.

Again, it is said that "as a rule one attack of contagious disease *secures* the system against a second."

Strike out the word "contagious," and substitute *any*, and the rule is still good as before, with no more "*exceptions*" than the contagionists are constantly claiming. I think the word "secures," is a bad one in either case, but it is as true in one as the other. "As a rule," *the system rarely suffers a second attack of the same disease.* I do not claim that the first attack of a disease *secures* it against a second. But I claim it as a fact, that the second attack—putting aside malarial and two or three other diseases--rarely occurs, and I can appeal confidently to the personal experience of every intelligent practitioner to substantiate this fact. I have made the inquiry many times, of the oldest physicians I have met, and I have found invariably that they were astonished themselves, when, by reflection and examination of their books, they found so few. I can adduce some splendid testimony on this point, gathered during the past ten years; but it is not necessary now. Every physician by reflection and examination of his books can satisfy himself so far as his own experience has gone, and in the future he can easily inquire of his patients, in any case, whether it is the first attack. His own sense will tell him what diseases ought to be excepted. If only severe attacks be counted, then nearly all diseases may be included in the rule.

If the want of second attacks of any disease shall fix it as contagious, then cholera, plague, typhus, typhoid, influenza and relapsing fever are all contagious in spite of the experience of GOODEVE, BRISTOW, MILROY, BUCHANAN, GEUDRON, MURCHISON and Austin Flint, (*Balt. Med. Journal.*) But scarlet fever is a disease of childhood, and it is a wise and beautiful provision of nature that reaches out into all her vast domain of life, that maturity of years brings with it the changes necessary for the new estate, its preservation and its continuation. She not only gives us the admonition to "put away childish things" as we grow in age, but she gives us an example full of mercy, by relieving us of the diseases of infancy.

Is it strange then that adult life brings immunity from a disease that finds most of its victims in those under five years of age? Not freedom from a second attack, but exemption from the *first*, if it has not occurred in childhood.

It is indeed necessary to invoke the aid of "law" applied to an imaginary contagious disease, in order to blind us to the beautiful, unexplicable and beneficent provisions

> ——"Of One above who
> Sways the harmonious mysteries of the world."

There is one other point which was mentioned in my former article, and is alluded to now in consequence "of the last paragraph of the quotation from Flint's Practice." Giving that paragraph its literal meaning, I have nothing to do with it here, for it "always involves infection." But if the reader should give its meaning a wider range, and suppose

the larger proportion of children exposed to what is imagined to be the contagious influence to take scarlet fever, he would labor under a most egregious error.

The profession at large is almost unanimous in the experience that a very small proportion of children have the disease. This fact is attempted to be explained in many different ways by contagionists, hence we have a "*peculiar* want of susceptibility," "exhausted nidus" and what not. But the grand fact stands patent that while they claim it to be so very contagious that it is susceptible of propagation for months and even years, that it can be "imported," not only a few miles, but hundreds, nay, thousands of miles, in a handkerchief or band box, and yet only a very small proportion of children do "catch" the disease! and this too when we constantly keep the top sash of the windows of the sick room partly down, so that the "contagion" may escape and become the very besom of destruction in our towns! A contagionist and author already quoted said fifteen years ago that "if scarlet fever depend for its diffusion upon contagion, we may curtail its extent by proper precautions, which are however onerous and inhuman if it have no such power of propagation." For fifteen years I have watched these attempted curtailments, in the most strict enforcement of the laws for that purpose, and they have been as ropes of sand. The onerous and inhuman exactions would on some occasions have disgraced any age; all to no effect.

Only last winter I received a letter from Michigan, describing "a peculiar disease" which had just made its appearance. Some doctor said it was "brain fever," others that it was "spotted fever," but finally they concluded that it was "the contagious scarlet fever." The people got along with this peculiar disease very well, till the final diagnosis was made out, when all at once the "curtailment" began. No person was allowed to leave a house where there was known to be a sick person. No person was allowed to go to the house, and I suppose these "laws" were enforced in a manner peculiar to the West, so I was not astonished altogether at the further news that "two patients had been found in a starving condition with their three children!" as I had heard of things of the kind much nearer home.

I wish now to take a privilege with a private letter, which for me is rather extraordinary. The subjoined extract is from a letter written to me some while since by Dr. E. M. SNOW, whom we all know as the medical officer and statistician of the city of Providence. It is so plain, truthful and *apropos*, that an apology would hardly seem necessary from me for producing it:

"After all—says Dr. Snow—it is of little use to discuss the matter. The doctrine of contagion is such a convenient way of accounting for everything, and for explaining what cannot be explained, and for relieving the mind from the necessity of investigation, that many, perhaps the majority, will adopt it. It is like the old woman's phrase of 'catching cold,' which is used on every occasion as a complete explanation of what they know nothing about."

I have now given a few of the many reasons why I believe scarlet fever is *not* contagious; the principal one, however, with any body will be, that those who do believe it have not found that *it is* contagious.

My own opinion of the matter is, that whatever cause it may have, it involves *spontaneity*, and while this is not *demonstrable* yet, I believe the dictates of reason point toward it, and that a constant striving for truth will reach it.

CHRONIC ECZEMA.

By THOMAS BARROW, M. D.,
Of Baltimore, Md.

In THE REPORTER, vol. 24, page 31, Dr. D. L. WILLIAMS truly affirms: "Chronic eczema is often a difficult complaint to cure." I think that (syphilitic cases excepted) it is a somewhat rare disease. It is astonishing that a great number of both internal and external remedial agents may be persistently employed during several years, in this exceedingly annoying affection without therapeutic effect. Even such remedies as arsenicum and potassii iodidum, which are often efficient in mild cases of this, and also in many other varieties, of cutaneous diseases, may be useless in long protracted cases of eczema.

There are, however, remedies, or their therapeutic equivalents, which are capable of entirely and permanently curing this obstinate malady within about one month.

The following cases demonstrate the verity of the foregoing statements.

CASE I.—Mrs. B. had suffered from eczema

during two years. The treatment she had received was palliative. The three following remedies, however, produced a complete cure in one month.

R. Tinct. ferri chlor., f.ʒiij.

Dose 20 drops before each meal, as an ectropic and to remove anæmia.

R. Acid nitro. chlor., ʒj.

Dose 6 drops, five minutes after each meal, as an eliminative and ectropic.

R. Cupri sulph., ʒj.
Aquæ, f.ʒj. M.

Apply this to the whole diseased surface, (which was almost her entire person), once every other day as a local alterative.

Case II.—Mrs. Mary A. Cuddy had suffered severely throughout twelve years from eczema of her hands. At several different times during about two weeks or more, her hands became extremely painful and entirely useless, in consequence of excessive tumefaction. She had undergone eight years of almost useless treatment; but was entirely and permanently cured by means of the same remedies that Mrs. B. employed.

Case II.—The late Mr. O. S. Keller had been severely afflicted with eczema over his whole person, throughout twelve years. The excessive and incessant itching he experienced allowed him very little sleep. He could not avoid scratching and abrading the cuticle, till he was almost entirely covered with scabs.

He had expended about $1,000 for medicines and medical attendance, with but little amelioration of his condition.

Arsenicum, potassii iodidum, with long continued abstinence, and various external remedies, occasioned but slight improvements. I gave him the same prescription which was employed in the two preceding cases, slightly increased, 25 drops of tinct. ferri chlor. and 7 drops of acid nitro. chlor. being deemed proper doses for him.

Within one month his skin became entirely normal, and continued so for several years, till severe exposure in the service of the U. S. army induced its return. The medicines he used whilst with the army were unavailing. On returning to Baltimore, he again used the same three medicines which I had previously given him, and recovered entirely and permanently within, I think, about two weeks.

Hospital Reports.

UNIVERSITY OF PENNSYLVANIA.

Service of J. E. Garretson, M. D., Lecturer on Surgical Diseases of the Mouth.

[Reported by De F. Willard, M. D.]

Caries and Necrosis.

Gentlemen:—The four cases sitting before you are all instances of a destructive inflammation of the maxillary bones, resulting in the death of a portion of their substance—they are instances of caries and necrosis. Now, what are caries and necrosis? Caries in bone is analagous to ulceration in tissues; necrosis, to mortification. One is degeneration, slight in degree and limited in extent; the other, extensive and complete. They are both the result of inflammation, an ostitis which may be provoked in various ways, but is very commonly, in the maxillary bones, the result of periodontitis. Ostitis, does not, of course, always end in caries or necrosis, any more than does inflammation in the soft parts end in ulceration, yet in certain conditions, especially in struma, such a result may occur.

Caries of the maxillary bones, especially of the lower, is comparatively rare; yet these cases will occasionally come to your notice. I have spoken to you of alveolar abscess as a cause, and you see how often I bring up this subject in my lectures, to impress it more forcibly upon your minds, that it is a disease which is extremely common. Look at this skull, which I hold in my hand; all along this alveolar process, just against the extremities of the fangs of the teeth, you will see little openings, which appear as though the bone had been perforated; and so it has, but not by an instrument. These openings are all the result of alveolar abscesses, and I have no doubt that many of you have precisely similar ones in your jaws.

Remember, then, to pay particular attention to these periodontal troubles, and do not let your patients suffer from either caries or necrosis, with their accompanying sinus-riddled faces, the scars of which will ever remind you of your ignorance or culpable neglect.

Caries may arise occasionally directly from ostitis, the result of injury, but periodontitis is much more commonly the first recognizable symptom as well as the cause, and should be combatted in its acute stage, as shown in my previous lecture (Reporter July 30th, 1870), since, by a failure to thus vigorously treat it, I have seen extreme complications occur.

But suppose, as often happens, that you have not been called to the case until all this mischief has been done; you will then find the patient somewhat like this little girl:

Case I.—Who, as you will see, has the orifice,

of a sinus discharging pus, at the base of her jaw. The parts about, are red, indurated and excoriated, and she tells me that she has been in this condition for months. Her trouble, she informs me, and as I anticipated, commenced in a "toothache," and this sinus soon followed. I pass the probe, and what do I feel? Bone, not smooth and covered with periosteum, but soft, riddled, easily broken down—very much like old honeycomb. Now, I know that this is not now simply an uncomplicated alveolar abscess. I am sure that in its progress the inflammation extended to the bone structure and caries has been the result.

This little girl is pale and delicate, presenting those general appearances which we call strumous, and this circumstance has undoubtedly been largely instrumental in bringing about this unfortunate state of things. When will the day come, gentlemen, when you and I shall be able to speak intelligently of this taint "scrofula;" to define its meaning—to discover its cause—to trace its course—and best of all to grapple with and overpower it. I cannot stop here to discuss the question as to the consanguinity of the conditions, syphilis, scrofula, tubercle, etc., but this much we well know, that the loose, spongy structure of the bones of strumous patients as evidenced in the frequent diseases of the bones about the joints, predisposes to the condition of caries whenever local or other causes shall lend their assistance. Of course I speak in a general way, for not every scrofulous patient will have caries, while many a strong, robust person may be so afflicted. Constitutional causes are certainly far more powerful in the production of this disease than are local injuries; for injuries are common, while cases of caries are comparatively rare.

The slowness or rapidity of this disease are greatly influenced by various individual conditions, being, for instance, quite rapid during the process of dentition, as also in mercurially weakened bones where it seems almost but a simple mechanical disintegration; while at other times it seems to be but a semi-fatty degeneration, the animal portion of the bone becoming quite soft and greasy.

Many contend that tubercle is present at any and all points of the manifestation of caries; but although, as I have already said, such a relationship often does exist, as in the girl before us, yet it is not always present.

Now, I do not think that the disease is very extensive in the case we are now considering, yet it is impossible to determine that question precisely, since there is no abrupt line of demarcation, as in necrosis, but rather a gradual fading or shading out of the diseased into the healthy structure.

Having, then, a case of caries, we proceed to treat it. This one has now passed the acute inflammatory stage, so that cathartics, diaphoretics, leeches, etc., would be only productive of injury. We have therefore, to treat it in its chronicity, and this we shall do by iron, quinia, beef, cod liver oil, etc. together with a local stimulating injection, consisting of tinct. iod. and tinct. capsic. comp. thrown in once in two or three days, which will assist in the rapidity of the cure. This will be our course for a short time, while we carefully watch whether nature be herself competent, with this assistance, to repair the difficulty, but failing in this we shall then cut down through the track of the fistula and remove all the diseased bone. The tooth-roots, the original cause, have already been removed, so that we have now no inconvenience from that source.

In removing the diseased bone we always use the chisel, and with this instrument you will soon acquire the delicacy of touch that will enable you to detect the instant that healthy bone is reached, by its hard, springy character, while carious bone is soft and brittle, and presents to the sight a dark, deadish-white, or oleaginous appearance, instead of being white and vascular.

All the softened bone should be removed, and the hemorrhage will seldom be severe. Simple alum-water is sufficient, as as a general thing, for its control, even, indeed, if this is required. Such will be our treatment, and you shall watch the case with me, and thus know the result.

CASE II.—This old woman, 65 years of age, has been suffering for months from a continued discharge of pus into her mouth and from a tumor in the roof of that cavity, which has been variously diagnosed, and is giving her much alarm. As you look into her mouth you see this tumor projecting from the roof, and occupying nearly the whole of the right side, being of the size of the largest peanut shell. The gums are red and swollen, and pus is exuding from about the necks of numerous decayed fangs which occupy the upper jaw. The tumor itself is hard, yet, upon firm pressure, it yields, and I am sure that it contains pus, a fact which I easily make apparent to you by this exploring needle.

This trouble has existed for over a year, and evidently has for its history the usual one of alveolar abscess; but this abscess, from some cause, did not break into the mouth, as it should have done, but the pus took a direction inward, along the palatal plate of the superior maxilla, and is now pointing here. It has also done more than work along this bone. It has set up an ostitis, which has been followed by death of the part, and now we have quite extensive necrosis. I pass a bistoury into this tumor, and you see the instant discharge of pus, which is horribly offensive, characteristic in odor of necrosis. The probe shows the bone to be denuded and dead, feeling like a piece of hard wood, or like lead.

Now the cause of all this trouble is evidently situated in these old fangs, some six or eight in number, and all of these we shall remove, thus not only ridding ourselves of their further prejudicial effect, but also giving more free exit to the pus.

Having removed all these teeth, we will wait for a little time to allow the turgid, congested condition of the gums and surrounding parts to subside, that we may be the better able to judge of the progress of the case. Yet, I am sure that the dead portion, called a sequestrum, has not yet separated, and that we must wait a little time until nature shall have cast off this foreign mass, which she will do by forming a line of demarcation between the diseased and healthy structures. Must we wait entirely, however, for this slow and tedious process? Yes, we cannot hasten it greatly; yet there is a means which has been proposed by Mr. POLLOCK in these cases, concerning which, however, I have not had sufficient experience to speak with certainty. We will try it in this case, however, and test its merits.

This treatment consists in the injection of sulphuric acid, mixed with six parts of water, into the parts; the operation to be repeated every day. The acid sulph. arom. may also be used in its full strength. The dressing should consist of tannic acid ℥ij, glycerin ℥j, M. Ft. pasta. It is claimed that the cure is expedited, and much more satisfactory results obtained, by thus dissolving out the inorganic constituents of this bone, just as you have seen done by your anatomists.

Now, necrosis of the superior maxillary bones is far less common than that of the inferior; and although it is more liable to take on a general inflammation, yet its higher vascularity and susceptibility enables it to resist the destructive action and limit the part overwhelmed, so that it is seldom affected in its entirety. In this case before us I judge that a large portion of the right palatal plate and of the alveolar process will separate.

Sometimes the necrosis only affects the alveolar border by itself, being in such cases often the result of a local irritant, other than an inflammation of the alveolo-dental periosteum, as for instance from the use of arsenic, chloride of zinc, etc., in destroying the pulps of teeth, such paste having oozed down around the necks of the teeth, and developed a severe inflammation, ending in the death of the process; limited however in extent, and short in its duration, four weeks being sufficient for its separation.

The separation of a bone slough in any position is a long and tedious process, requiring patience in the surgeon, and unlimited faith on the part of the patient, especially as during all the time the case may seem (superficially viewed) to be steadily growing worse. It will often be fortunate for your reputation if these cases do not reach you until the sequestrum has been already separated, and is lying cooped up by the tissues (that is, provided you cannot have seen them them in the first stage), since few patients have the resolute determination and abiding faith to resist the constant discouragements of appearances, and friends who will clamor that "something shall be done," and I have usually found it true that those who know the least, advise the most.

We must always pay careful attention to the building up and supporting the constitution of the affected person or repair and separation will not go on. We will administer the best of tonics and food to this old woman.

When it is seen that death of the body of a bone is certain, espescially in the inf. max., it will be found of all advantage to endeavor to have the dying bone replaeed by new structure, just as new bone is formed around a necrosed tibia. To accomplish this, I slowly enucleate the periosteum—the bone-forming structure—by means of small tents of cotton or sponge introduced between it and the dying bone, which by their expansion slowly strip it away, thus hastening the death of the old part and retaining the valuable periosteum. In this we can sometimes, but not always, envelop the old bone with a new growth, and thus prevent deformity. When the periosteum is indisposed to form such new bone, it may be favorably stimulated by tinct. iodine, with a small addition of creasote, especial attention being given at the same time to cleanliness and disinfection. Weak injections of potass. permang., two or three grains to ℥j of water will answer nicely.

Even should these fail and the progress be slow and tedious, do not let your impatience overcome your better judgment, but continue to wait, for I have found from experience that all operative interference in cases of maxillary necrosis is only productive of harm, and especially is this true of phosphor-necrosis, of which I shall speak to you upon some future occasion.

CASE III.—This woman presents a pouting, red teat-like prominence beneath the base of the lower jaw, with an opening in its centre which is so characteristic that any one of you would at once say that there was dead bone beneath. From this teat is a constant flow of pus, and although my probe passing through the sinus reveals dead bone, yet it is not a detached sequestrum and we must here also wait for the seperation of the slough.

It is somewhat singular, notwithstanding the immense amount of material applying at this Clinic, that it should so often happen that a number of almost similar cases should be found upon a single day; yet this is often the case, as you have frequently the occasion to notice both in my service and in that of Prof. AGNEW. Upon a previous occasion

I showed you a number of cases of necrosis (vid. REPORTER, Nov. 5, '70), in all of which the sequestra had already separated, and were removed by cutting down upon them either in the line of the sinus, or through the jaws; yet in the cases to-day not one of them is ready for operation.

CASE IV.—Here is also a case of necrosis, of long standing, which is not due to alveolar abscess, as were all the preceding ones, but to the fracture of the jaw inflicted some five years since. The fragments united, but a portion of the bone died, and was finally removed by operation; yet this did not cure her trouble, for, from some unknown cause, portions of bone still continued to necrose, and keep up a constant discharge. Several fragments have been removed at various times, and she presents numerous scars along the base of her jaw, but there is yet more bone to come away, and we can only hasten it by the occasional use of the stimulating injection of which I have spoken.

One important part of the treatment, however, we must not neglect. This constant tendency to death of the bone shows that there is a constitutional fault lying behind this disease, and, if I mistake not her appearance, she is tainted with that dire disease syphilis. Now, shall we dose her with the routinist's iodide of potash and corrosive sublimate? She is pallid, feeble and anæmic to the extreme, and such a course would but still further reduce her already poor blood. No! let us try to give her good red corpuscles, and thus the nutrient material being rich, produce healthy action in the bone and give nature the mastery. I think, then, that the syr. ferri iodid. will be far better for her present condition, which, while it is alterative, is also tonic in its action. We will commence with ten drops ter die, and increase to fifteen if the stomach is tolerant, and it would not be amiss to add a few drops of liq. potass. arsenitis to each dose.

Of course, her hygienic circumstances are unfavorable, yet we will try to place her in the most favorable condition possible, and order as good food as her circumstances will permit. Cod-liver oil will add greatly to her nutrition; in fact, in this weak, feeble stage of syphilitic necrosis, I may say that it is a far better "specific" than is potass. iodid. With these measures I trust that we shall be able to limit this unhealthy action, and compel it to be cast off, leaving behind a healthy bone.

CASE III. will be treated with the same stimulating injection.

—— A man was fined $50 in Baltimore recently for acting as an apothecary without having obtained a certificate, as required by the State laws. The act, which was passed a year ago, does not affect persons having a diploma from any college or school of pharmacy.

MEDICAL SOCIETIES.

CINCINNATI ACADEMY OF MEDICINE.

January 23, 1871.

(REPORTED BY J. W. HADLOCK, M. D.)

Sudden Death from Heart-Clot from Intra-Uterine Injection.

DR. C. D. PALMER read a paper on a case of sudden death from heart-clot.

January 5—At five and a-half o'clock I was called, in haste, to the south-west corner of Dayton and Freeman streets, to find the dead body of a woman thrown carelessly across the bed, presenting slight contusions of the left side of the face, and venous congestion of the face and hands. There was no rigor, death having apparently occurred but a few minutes previous to my arrival. A coroner's inquest was held on the next morning, when the following history was obtained:

Deceased, æt. 33; had born three children, the youngest now several years of age. Her general health had been good, excepting uterine pain, constant leucorrhœa and occasionally menorrhagia. For relief of this condition, she had commenced the use of vaginal injections of alum water several years ago. She had misssed two periods before December, and had fancied herself, on this account, in the fourth month of her pregnancy. The menses having presented since, she had advanced the idea.

No physician had been employed for over a year. On the morning of the day of death she had taken a walk, and complained in the afternoon of feeling tired. No attention had been paid to callers at the door, and several passed unheeded. At 4 P. M. she was heard walking in her room. At 5 P. M. she was found dead, on her face—a saturated solution of alum water on one side, and a syringe on the other. After lifting her hastily to the bed, which accounts for her position, her husband sent for me. The testimony of the inquest being unsatisfactory, I was called in by the coroner.

Autopsy eighteen hours after death: slight contusion of the face below the left eye; venous congession of face and posterior aspect of body; no œdema; mammæ enlarged; evidences favor pregnancy. Peritoneum normal; slight inter-pelvic adhesion; uterus enlarged; fundus in abdomen; walls thickened and softened by chronic hyperæmia. Decidua thick; evidences of old, long-standing corporeal endometritis; decidua vera partially detached. Placenta to the right partially detached, apparently astringed. Ovum entire, four-month; small clots in decidual cavity. Os, patulous; cervix showed granular degeneration; no signs of contusion. Vagina much relaxed; no contusions. Corpus luteum left ovary $\frac{3}{8}$x$\frac{3}{8}$ inch.

Lungs showed *post-mortem* congestion; pleuræ,

old adhesions. Heart—pericardial cavity contains one ounce serum; no valvular disease; right auricle distended with clot; right auriculo-ventricular orifice obstructed by a clot; vena cava engorged.

In view of all the facts, the cause of death is evident. She had used for years a vaginal injection of a saturated solution of alum, by means of Davidson's syringe; accidentally or purposely this injection had been introduced into the uterus. The uterine sinuses afforded a ready way for the astringent to the venous circulation; it was continued to the heart, where more clots were formed, and death ensued.

There is no evidence that abortion was attempted. A small bundle of knitting needles was found on the bed by the patient's side. They were not bloody, nor was blood found any where.

As to the possibility of the penetration of fluid into the uterine cavity at that period of gestation there can no longer exist a doubt. It was never generally admitted that the decidua does not occlude the os and orifices of the Fallopian tubes in the Hunterian sense of inversion of the reflexua and the the decidual hypertrophy, which does finally occlude those orifices, is not sufficiently advanced to effect it until the seventh month, the period of fusion of the internal and external decidual membrane. Sometimes, indeed, it does not occur until still later; hence Dr. TANNER regards superfetation possible at this time. In this the membranes could be traced separate, and fluid could easily have entered. Who can say, moreover, that the patient did not herself accidentally or intentionally insert the tube into the cervix, though this is not necessary, as a current might have passed in without direct insertion, as in the cases of the entrance of air so familiar to all.

It is also well known that the decidual vessels which project into the uterine cavity, covered by a very delicate membrane, sometimes even tears off this, so that a ready transit is afforded into their calibre. A long-standing corporeal endometritis would predispose still nearer to this passage, and cases are on record where almost immediately fatal results were observed, as that of NOTT, of New York, reported in June, 1870. Again, injected substances which have been tested in the mouth have produced saturation, which is conclusive evidence of their vascular absorption. HITCHCOCK reports an instance of clot from air blown into the cavity. SIMPSON long ago discarded the injection of carbonic acid, which he had introduced. BARNES cites a number of fatal cases resulting from the vaginal douche, and says it should be entirely discarded.

Admiting the entrance of the alum, would it not at once coagulate the uterine blood? Was not the partial placental detachment due to the injection itself? Without doubt, enough of the injection entered to clot the uterine blood; these passed to the heart and offered nuclei for more. There was a marked similarity between the uterine and cardiac clots, and they were not of the character presented by hyperinosis.

Barnes warns against the danger that may follow the injection of perchloride of iron in cases of abortion.

Death from *uræmia* is precluded by absence of any of its symptoms; from *hemorrhage* to the absence of any blood; from entrance of *air* by absence of its characteristics on the right heart.

The paper closed with injunctions as to the care with which intra-vaginal injections should be attempted and the best method of their manipulations.

Dr. B. F. RICHARDSON regarded the case as reported possessing features of peculiar interest. It is of practical interest, in view of the fact that if it be assured that an intra-vaginal injection of alum water was the cause of death, it is singular that we have never heard of such untoward results before. Alum water has been used for this purpose for almost centuries by thousands of women, and this is the first reported case of death. It is moreover of diagnostic interest, in view of the fact that it is not often that pregnancy occurs and continues to the fourth month, with the condition of long standing endometritis represented in the report. The statement of thickening of the uterine wall is vague and indefinite; no measurements are given. The gentleman will remember that the walls of the pregnant uterus are always of considerable thickness, sometimes even half an inch in places. In a diagnostic point of view, then, the case is novel. KLOB denies ever having seen a case of corporeal metritis, so that the association of endo- and parenchymatous metritis with pregnancy is certainly a novelty.

Next, as to the mode in which the intra-uterine injection was effected. The gentleman suggests that the woman either intentionally or unintentionally passed the tube directly into the uterus. This I regard as an impossibility; no woman could succeed in doing that at the period of pregnancy indicated. It must not be forgotten that the uterus measures five inches in its long diameter at the end of the fourth month of pregnancy; that its fundus is already above the brim of the pelvis, and that the line of its axis is parallel with that of the superior strait. It is even claimed by some that its axis projects forward. This would throw the os still further back, so as to form an acute angle with the vaginal canal. The introduction of a tube could not be effected without force, nor without displacing the uterus from its normal position.

Again, as no woman could introduce a tube into the uterus, what would be the direction of an intra-vaginal injection? Clearly, at an acute angle with the os and cervix uteri and the posterior cul de sac.

Entering in this direction, a regurgitation would far more likely occur and the fluid be returned from the resisting cervix to the orifice of the vagina. The gentleman will remember, also, that in pregnancy the cervix is plugged with a semi-gelatinous substance of no inconsiderable tenacity. Even if the fluid should effect an entrance (which is an impossibility), how could it penetrate this impermeable plug?

The shape of the uterus itself is adverse to the gentleman's conclusions. At this period of pregnancy it is of spheroidal outline, and would hence oppose a flat surface to the entering fluid. Admitting the possibility of intra-cervical penetration, it would here encounter, at right angles, the flattened membranes which at this period about fill the intra-uterine cavity. If, now, it would be difficult to communicate force enough to the fluid to bring it in contact with the membranes at all, how much more momentum would not be required to separate the membranes from each other or from the uterine wall?

The gentleman tells us that the decidua was detached in places, but he neglected to tell us what part of the decidua was detached. Were they detached completely down to the os? and if they were, and granted again that fluid enters the cervix, would not the fluid pass between the amnion and the decidua, and still be remote from the vessels of the uterine wall?

[Dr. R. here spoke of the various theories prevailing with regard to the character and formation of the decidua vera and reflexa.]

[Dr. Palmer here interrupted the speaker, by permission, to read from the original paper, that it is claimed only that direct coagulation occurred in the uterus, and these coagula were detached, carried to the heart, and acted as nuclei for the formation of more extensive coagula within its cavities, a statement which Dr. Palmer regarded as explicit as language could convey.]

Dr. Richardson resumed by remarking, that on either theory the conclusions were unwarranted. For if the stream were carried direct to the heart as intimated in the last part of the paper, coagulation should have been produced all along the vessels of its course. The gentleman, further on in his report, is careful to assure us of the peculiar identity of the uterine and cardiac coagula, to exclude the idea that the coagulation resulted from simple hyperinosis of the blood. If there is anything peculiar in this identity it is in the fact that the coagulation should have occurred at the distant termination of the blood-current, and left the intermediate passages free.

Or, if the second theory be adopted, namely, that of transmission of the uterine clot, how can this be reconciled with the fact that the seats of alleged uterine coagulation, the uterine sinuses, are larger than the vessels beyond them, so that transmission becomes a physical impossibility. Is not the direction of the blood current from the uterus toward the exterior instead of from the uterus toward the heart? This is why some women bleed to death after labor in some cases of post-partum hemorrhage. Could death on either theory have occurred so soon?

Finally, if stress be laid upon these clots, it must not be forgotten that it is more than possible that they were of *post-mortem* formation. It will be remembered that these clots were discovered eighteen hours after death, the interval between the death and the autopsy. Should we be compelled to accept the formation of the heart clots as the inevitable cause of death, a fatal syncope would explain to us the symptoms far better than the theory propounded. The condition of the lungs, the coagula in the heart, and the sudden death, are easily accounted for on this hypothesis.

The theory, as proposed by this gentleman, falls o the ground, too, in the face of the fact that even if the coagula from alum solution passed from the sinuses into the veins beyond, they would speedily condense and become arrested. It is not possible to conceive how they could reach the heart in such a mass as to occlude the auriculo-ventricular valve.

The occurrence of a fatal syncope is much more consistent with the facts and with reason, and it is a matter of regret that the opportunity was not seized of examining the brain.

Dr. Walker mentioned in this connection a case which had always possessed for him a special interest. It illustrates, in a marked degree, the true value of circumstantial evidence alone. He had once in charge a painter, who for years was a sufferer with serious heart disease. While engaged in his avocation, on Elm street, he was found dead, a paint brush clutched in one hand and a window sash in the other. The verdict of the jury was—"death from lead colic."

Here is a case, perhaps, something analogous. A woman is found dead with a syringe upon one side, and a saturated solution of alum upon the other. May not the finding of those things in their positions have had much to do with the finding of the jury.

Could it be possible that so long a contact of a satuarated solution of alum would have left the os uteri patulous? It is strange, also, that this solution was not found in the uterus, or vagina, or in the circulation itself. It is not, by any means, always an easy task for the experienced physician to effect an entrance into the cervix; it often elicits pain, and for a patient herself to attempt it, would be like the attempt of an individual to draw his own tooth. Even if the os were not shifted from its position in the effort, the pain experienced would necessitate its speedy withdrawal.

The speaker had no speculations to offer. The case is of much interest and importance; for if the conclusions be true, they are a strong argument against the employment of an agent and an instrument hitherto regarded of so little danger and of so much efficacy. It is to be hoped that the case will elicit free and full discussion.

Dr. Thornton felt compelled, with those who had preceded him, to join issue with them against the adoption of the theories proposed. He could not understand how an injection of alum water could enter the uterus, how it could coagulate its blood, or cause a sudden death. The coagulation in this case is observed on the right side of the heart, where it is always noticed after death from any cause. The arteries are empty and the veins and right heart filled with clotted blood. The question of coagulation has always excited interest.

It was long observed by Harvey that when ligation was applied to a vein the vessel between the ligature and heart was found empty. But little was known of the coagulation until the time of Cruvillier, who attributed it to a phlebitis. More than twenty years ago Virchow noticed that when a foreign substance was introduced into the venous system it passed through to the right heart and beyond it to the pulmonary artery. If large enough, death soon occurred; if small it passed to the smaller ramifications, where it lodged and induced metastatic abscesses. Coagulation in any case was not produced in the heart, but in the pulmonary artery. How could a uterine coagulation enter the venous system, in the first place; and in the second, if it did, would it not pass beyond the right heart, as it traversed vessels of ever increasing calibre, and lodge in the pulmonary artery?

Furthermore, there is a great difference between ante and post-mortem clots. The first is a yellowish, tough, almost pure fibrin, and adhesive. It never occurs in the right heart unless there is great prostration and marked diminution of the heart's action. Even then it is also necessary that the blood be surcharged with a superabundance of heat, the fibrin and it would form an exact mould of the heart's cavities and veins. In this case the pulmonary artery, the usual seat of coagulation from foreign substances is free (answer of Dr. Palmer to question), hence the explanation is inacceptable. It is important that we arrive at correct conclusions in such a case, as the acceptance of the views suggested will necessarily deprive us of a valuable agent in relief of many gynæcological affections.

Dr. Young regarded the introduction of Davidson's syringe into the os uteri as possible. He was not one of those who regarded it as an impossibility. In a case of this kind, where the os is so widely patulous, it could certainly be effected. That women do succeed in passing them, he had no doubt whatever. But the other day he saw a case in which the operation was attempted by the patient herself with perfect success. Dr. Walker seems to think that this is the only form of instrument that should be used.

[To this Dr. Walker objected, representing that he has no preference as to the form of instrument, having only suggested that the alleged results in this case render the employment of this form dangerous.]

Dr. Young.—As to the coagulation of blood in the heart, it is well known that it is usually encountered in some cases of sudden death. He had had the opportunity of making a number of experiments with various persons, on animals, and had always observed a thick clot of blood.

As to the theory of the passage of blood toward the child and not from it, it is certain that air is always forced in toward the heart and not out toward the orifice. This constitutes the great danger of the accidental entrance of air.

Dr. Swiuburn records the case of a female who passed a catheter into the uterus, and blew air into its cavity with such force that it entered the circulation with great rapidity, producing alarming symptoms and death in ten or fifteen minutes. Moreover, there are many exceptions to the normal position of the os and cervix, which had already been described. There are cases reported, too, wherein fluids have been injected into the uterus by the patient herself. A case at the third month of gestation, in the hands of the speaker, fainted and fell to the floor after such an accident, and had since been affected with pelvic cellulitis and other complications. The speaker concluded, then, that in this case, from the long standing inflammation and the patulous condition of the os, it is not only possible but probable that the fluid was injected directly into the uterine cavity, with effects as represented in the history of the case.

Dr. Richardson asked for a few minutes only to reply to Dr. Young. The gentleman should remember that there is a great difference in the position of the uterus at the third and at the fourth month. At the third month the angle formed by the cervix with the vagina is much more obtuse. At the end of the fourth month it is so acute that the possibility of the introduction of a tube, though perhaps clear to Dr. Young, surpassed the speaker's understanding.

The os at this time is directed backward at least three fifths of an inch behind the vaginal axis; the space behind it is filled up by the rectum so that the canal of the cervix could not be brought into a direct line with that of the vagina without a forcible dragging effort such as it is to be presumed a patient would not understand how to do.

Dr. Young thought that Dr. Richardson had no right to regard the matter as an impossibility. Here is a patient dead on her face, a syringe on one side

and the fluid on the other. The history is plain, as is also the inference.

Dr. LUDLOW mentioned a case of induction of miscarriage by the introduction of a whalebone corset. There could have been here but little difficulty in entering the uterine cavity.

Dr. PALMER began his reply by regretting that limited time prevented him from giving the various points raised in the discussion that consideration which he might after longer reflection. One of Dr. Richardson's arguments loses force from the fact that it is based upon an entire misconception of the nature of the uterine affection. Dr. Palmer never claimed a case of corporeal metritis but of *corporeal endometritis;* maladies of widely different nature.

There was no metritis, no inflammation of the parenchyma and hyperemia entailed by the long-standing inflammation of the mucous membrane. The condition of anteversion upon which such stress is laid, a condition which is alleged to render intra-uterine injection physically impossible, was also non-existent. Nor is it present, as a rule, at the fourth month of utero-gestation. Those familiar with recent descriptions of the uterine position at various periods of gestation, are conversant with the fact that, in the second month, prolapsus exists, and in the third month anteversion. At the fourth month, when the fundus rises above the pelvic brim, this condition of anteversion is corrected, and the uterus resumes almost, if not exactly, its position before impregnation.

The cervical and vaginal canal are then at the fourth month almost if not exactly in a straight line, as was capable of verification in this instance, since the finger introduced into the vagina passed readily a full inch into the widely patulous os.

In the third month, during the period when anteversion really exists, the introduction of the finger or of an instrument would be far more difficult. Neither was the uterus so high in the pelvis that its cervix was attainable with difficulty as stated, the os could not only be reached, but the cervix penetrated to the distance of an inch by the examining finger.

Further, it was not even necessary that the tube be inserted directly into the cervix or the uterine cavity. The orifices at the sides of the tube might easily have been opposed to the patulous os, and the direct stream forcibly injected into the interior of the womb. Facts then as existent meet the objections urged on account of the position of the uterus.

The cervical plug is presented as an additional obstacle to the entrance of the stream. I cite so good an authority as TANNER in proof of the fact that the cervical plug is not present in greater quantity after pregnancy than before. Moreover, there was no plug found in the cervix on December 10. Surely, if blood could find exit from the uterus, there could be no difficulty in the entrance of a fluid.

Again, the decidua was found detached on the right and centre; it was abnormally softened. Here it was, according to my explanation, that coagulation occurred, in the pelvic sinuses opposite the softened decidua, and from hence portions of the clot were detached and conveyed to the heart, where they acted as nuclei for further and more extensive coagulation to such an extent, indeed, as to induce cardiac syncope.

It is objected, also, that the alum solution would condense in the blood, and not pass the pelvic sinuses. It is well known that albumen has not the same action with alum as with the stronger styptics. Experimentists have proven that ferri persulph, or perchlor., or tanin have each a greater affinity for albumen than alum, which is feeblest of all. There would be no difficulty, then, in the transmission of an alum solution even to the heart. There would be no difficulty either in its entrance into the uterine blood-vessels were the decidua denuded, as it was observed to be in this case.

I confess to an inability to understand the drift of the remark that the tendency of the blood is from the uterus, and not in a contrary direction. It is generally understood that the blood flows to the uterus by the arteries, and returns to the heart by the veins. How else explain these indisputable cases of the entrance into and transmission of air from the uterus to the heart?

Another gentleman objects that the alum could not have been in contact with the cervix for any time without condensing its tissue and occluding the os. To this I answer that the os was found widely open eighteen hours after the injection was made. Lastly, as to the character of the clots: We know that heart clots are found in various blood diseases, as in anæmia, hydræmia, rheumatism, and in that condition of the blood known as hyperinosis, which is a hyperfibrination in syncope. Do we find in any of these varieties that blackened, charred, and grumous clot present in this case, and corresponding so exactly with the character of those found in the cavity of the decidua reflexa? These are the points that have been presented. It is hoped they are fairly met. Should others be submitted, they will meet likewise fair consideration.

Dr. RICHARDSON.—One word more. The gentleman's statements are indefinite with regard to the size and position of the uterus. All authors agree that when once the fundus has surmounted the pelvis its longest circumference is above the pelvic brim. As it then impinges upon the second promontory it is tilted forward; in other words, it is anteverted. Its axis, therefore, at the fundus in front of the axis of the superior strait, and its

canal, is at an angle with that of the vagina. I therefore must repeat my inability to understand the possibility of an intra-vaginal injection effecting an entrance into the intra-uterine cavity.

Dr. PALMER.—At any rate, I think I could have passed an instrument direct into the uterus, and it is now a matter of regret that I did not make the attempt. As to the anteversion, it is certainly well known that the irritation of the bladder, exprienced at the earlier months of pregnancy, disappears by the end of the fourth month, because the pressure upon the bladder is relieved.

It is regretted that I did not examine the brain. I did not do this, because I thought cause sufficient in explanation had been found. Had the patient complained of any brain symptoms, or had any been apparent, this examination would have been made. But so far from this being the case, she was n a condition of good health, complaining only, an hour before her death, of being tired.

One other fact I may mention: it occurs to me now for the first time, and I am enabled to put it in connection with the question at issue. Two years ago the same patient sent for me in great haste. On my arrival I observed another physician in attendance, and of course withdrew. Before leaving, however, I ascertained that she was suffering with severe abdominal and pelvic pain. It was subsequently learned that the pain was due to an attempt to produce an abortion. It is highly probable, therefore, that this patient was somewhat of an adept in the introduction of instruments into the uterine cavity; an accomplishment which she may not have forgotten at the period of the accident.

[At this point in the discussion was sprung the question of *situation* and *direction* of the uterus at the fourth month of pregnancy.]

Dr. RICHARDSON referred to and quoted from the following authors, to sustain his position on that question:

[CAZEAUX, 1850, pages 81 and 82.]

"*Situation.*—It is evident that the uterus cannot thus change in shape and size, without undergoing simultaneous alteration in its position. For example: during the *first three months* of gestation the womb remains *sunken* in the excavation; but as its volume increases in all directions, the fundus of the organ rises toward the superior strait, whilst its inferior part and neck subsided still more toward the floor of the pelvis. This depression of the organ is produced by its yielding to the laws of gravitation from its own increased weight, as also by the augmented pressure of the intestinal mass upon the arger surface, created by the change in the fundus, etc. At the same time, the uterus remains in the *sacral cavity* from the greater space found there, and the fundus being turned a little backward, causes the neck to advance slightly. * * Consequently, during the *first three months* the cervix is directed downward, *forward*, and a little to the left

"About the third month and a half, or the fourth month, the uterus no longer finding sufficient room in the excavation for its continual development, rises above the superior strait, etc.

"*Direction.*—In passing up into the abdominal cavity, the uterus is obliged to follow the direction of the axis of the superior strait, and being thrown off by the lumbar column, and finding much less resistance from the abdominal wall, it *necessarily inclines forward.*"

The speaker referred to the views of VELPEAU and those of CHAILLY as fully and minutely corroborating those of CAZEAUX, as would be found by reference to MEIGS' Velpeau, 1852, page 141; and Chailly by BEDFORD, pages 31 and 33.

Also the following authorities were quoted as sustaining the observations of those whose names he had just presented. RAMSBOTHAM, 1855, page 84; CHURCHILL, page 104; Bedford, 1868, pages 156 and 157; MILLER, page 120; BYFORD, page 69.

Dr. PALMER replied that he had searched the American, British, German and French authorities and found his position pretty fully sustained so far as authors were concerned. Bedford was quoted by the speaker, but was considered indefinite on the subject. Miller was more definite but not explicit, yet Bedford sustained the speaker in his position, which Dr. Richardson could have seen by reading a little further; but Dr. R. had quoted such passages only as would sustain him. SCANZONI, page 86, was quoted by the speaker as sustaining his position. HODGE, page 50, also sustained the speaker. The speaker, however, considered all those he had quoted as being very indefinite on the subject; but he would now quote authorities who were definite and explicit in sustaining his position. THOMAS was not only explicit in language, but at page 314 had a diagram showing position of the uterus at the fourth month of pregnancy. MARTIN, of Berlin, page 66 of his work on "Flexions and Versions," was very plain and full in his remarks concerning the position of the uterus at the fourth month. TYLER SMITH, pages 135 and 163, was definite and fully sustained Dr. P. in his position, also TANNER, pages 114 and 466, as well as BARNES, of London.

These last authorities quoted, said Dr. Palmer, are full, explicit and complete as language could be made to describe, in sustaining the position I have taken in regard to the relative position of the uterus at the third and fourth month of pregnancy; and I think I have fully answered the gentleman (Dr. Richardson) and his authorities.

EDITORIAL DEPARTMENT.

PERISCOPE.

Gummy Tumor of the Thigh Manifesting Itself Fifty-five Years After the Primary Lesion of Syphilis.

A hale, stout, well preserved gentleman, seventy-two years of age, consulted DR. ALFRED FOURNIER, in April, 1869, (*Revue Médicale*, 27 *Aout*, 1870,) on account of a firm, indolent tumor, which occupied the subcutaneous connective tissue on the inner side of the middle of the thigh, and was of about two months standing. Its surface was uneven and largely bosselated, and it projected from four-fifths of an inch to two inches and a-half, according to the point of measurement, above the general level of the thigh. It measured nearly six inches in length, by four inches in breadth, and preserved all the signs and history of a gummy tumor. The skin was freely moveable over it, and preserved its normal appearances, excepting at one point, where it was adherent and on the verge of ulceration. Under the enhilition of iodide of potassium, in doses which varied from forty-five to seventy-five grains daily, it had completely disappeared at the end of six weeks.

The previous history of the patient was, briefly, as follows: At the age of seventeen he contracted a chancre, which was followed for some months by secondary phenomena, of which the most prominent were ulceration of the mouth and a tubercular syphilide. Up to the age of sixty-nine, or for an interval of fifty-two years, he was perfectly free from symptoms, when, in the midst of apparent good health, he was attacked with caries of the lower aw, which was pronounced to be syphilitic by M M. RICORD, NELATON, and DEMARQUAY, and which yielded to iodide of potassium. Three years later, or at the age of seventy-two, the gummy tumor of the thigh made its appearance. The primary sore was the only venereal affection that he had ever contracted, so that the syphilitic virus remained dormant in his system for fifty-two years. This is probably the most remarkable example of the late appearance of tertiary accidents on record.

Antiseptic Surgery.

Dr. JAMES MOORE sends the following cases to *The Lancet*:

CASE I. *Compound Fracture of the Leg.*—John D——, æt. 54 years. In the spring of 1868 he received a compound fracture of the leg, with protrusion of bone and laceration of skin. I put the limb up in a Macintyre splint, mopped out the wound with pure carbolic acid, afterward dressing it with carbolic oil, one to eight, taking care to keep the wound well covered and moist by means of lint and oil-silk. Every morning I poured in some carbolized oil without removing the original dressing; and at the end of one week from receipt of injury the wound was completely filled up by fine, healthy granulations. At the end of one week more it was quite healed over, and that without the formation of one single drop of pus.

CASE II. *Compound Fracture of the Finger.*—Emma M—— had the middle joint of her forefinger torn open in a clay-mill. By bending the finger a little to one side, the cartillaginous ends of the bone were exposed; in fact, the finger seemed almost detached. Small splints, made from a willow-box, were applied, and the wound dressed with the carbolic oil, the whole finger being covered with oil-silk and a bandage. At the end of one week the wound was granulating beautifully; there was little or no swelling, and scarcely a drop of pus. At this stage the girl left the village for ten days, during which time the antiseptic oil was not applied, the consequence being severe suppurative inflammation of the joint, accompanied by pain, and a certain amount of constitutional disturbance. When she returned to the surgery the joint was very much enlarged, and suppurating profusely. New splints and the carbolic oil were applied as before, and almost at once the character of the wound was changed. Three weeks from her second appearance at the surgery all trace of the suppuration had left, the wound almost healed over, absorption of the œdema rapidly going on; and I need only add that, though rather stiff, it turned out a very useful finger. *Without the carbolic acid I should have been obliged to amputate.*

CASE III. *Acute Suppurative Synovitis.*—John E——, æt. 48, fell off a velocipede on the 11th of June, and bruised his right knee. One week after I saw him for the first time, and found all the symptoms of acute synovitis. In spite of active antiphlogistic treatment, with absolute rest in bed, the case soon drifted into one of intense suppurative inflammation of the deep structures, so that three weeks after the accident the following symptoms presented themselves: the entire joint enormously swollen, inflamed, red, and exquisitely painful, especially on the outer aspect; the patella floating in fluid—that fluid pus, judging from the frequent rigors and other symptoms of constitutional disturbance; there was also a great amount of inflammatory œdema both below the knee and extending beyond the lower third of the thigh. As the local and general treatment had as yet failed in giving relief from the intense pain, and as the amount of fluid in the joint

seemed on the increase, and the risk of disorganization of structure imminent, I considered myself justified in adopting that course so successful in the hands of Mr. Bickersteth. On the 4th of July, then, I evacuated the joint by means of an ordinary hydrocele trocar, drawing off about three ounces of thick bloody pus. I then injected through the canula a solution of carbolic acid of the following strength: carbolic acid (Calvert's), one drachm and a half; water to eight ounces; filling and emptying the cavity of the jointill the solution returned comparatively free from pus or blood. This required some time and patience, as the "corea of matter" and the synovial fluid every now and then blocked up the canula. After carefully pressing out all the pus, I applied the usual carbolic oil, using four layers of lint, and good, stout oiled silk on the top. During the next three days there was a good deal of redness and swelling over the joint, but little or no pus, the latter gradually giving place to bloody lymph. On the 20th of July the swelling and redness were quite gone. There were three small openings on the outer aspect of the knee, from which came lymph, an occasional clot of blood, but not a trace of pus. In removing the dressings, care was always taken to have a fresh one ready to slip on, so that the wound was not at any one time exposed for more than a second. I now ordered him some muriate of chinconine, the pain and other joint disturbance having pulled him about considerably.

August 15th.—The knee seems almost well. The swelling is completely gone, though there is still tenderness on pressure. The small fistulous openings are not yet healed up, and are giving out not only lymph, but synovial fluid. The general health is very much improved, appetite good, bowels regular, and sleep natural. In order, if possible, to heal the openings, I dressed them with white zinc ointment, but kept the lint saturated with carbolic oil on the outside, feeling afraid to discontinue the latter in case suppuration should return. Ordered him a mixture of iodide of potash, the chinchona to be taken in a little wine.

September 15th.—My patient is now able to walk about, using a crutch only when out of doors. All the openings healed. The joint has returned to its natural size, though still somewhat stiff.

There is nothing more worth reporting, and I need only add that in a very few weeks he had perfect movement in the joint, and can now walk about without the aid of either stick or crutch.

The constant application of the oil has had the effect of producing a thick crop of black hair all over the knee. The patient had what may be called hairy legs, but the amount of hair on the bad knee is something remarkable; it looks just like a child's head.

The Treatment of Suppurating Glands of the Neck.

Dr. John Murray says in *The British Medical Journal:*

The interesting communication by Mr. Lawson Tait, on this subject, in which he recommends frequent tapping, leads me to suggest that more consideration should be shown by practitioners to the simple plan of drainage than is, I believe, the custom.

A case at present under my care is sufficiently illustrative of the method and of the remarks which I wish to make. A girl, eleven years of age, presented herself on January 16th at the Middlesex Hospital, with several enlarged cervical glands, one of which, as large as a chestnut, had already suppurated. I passed at once two silk ligatures through the tumor by means of a needle, and tied the free ends. The mother was directed to keep the openings patent by moving the ligatures a little twice or thrice a day. In a week the tumor had much diminished, a considerable quantity of pus having been discharged. I then introduced, in place of the silk sutures, one of professor Lister's cat-gut ligatures, soaked in carbolic oil, which answered the purpose admirably. This was removed in three or four days. On the 1st of February the abscess had ceased discharging, and the needle wounds had healed. There were still, however, some tenderness and redness over the seat of the abscess, with induration of the skin, which are, however, now rapidly disappearing. The part is at present being painted with collodium flexile. The other gland-enlargement has subsided. Unless something untoward happen, the child will be saved the disfigurement of the extensive and permanent scar which would have resulted from the ordinary treatment by incision; I say ordinary, because Professor Lister's results under his method are said to be excellent, little or no noticeable mark being left. I have myself exceedingly little experience of the drainage plan of treatment; it is popular with some, and as unpopular with others who have tried it; but that its success is insured, with very excellent results, the above case proves.

Permanganate of Potash in the Treatment of Gonorrhœa and Gleet.

Dr. Thomas Warden writes to the *Lancet* his opinion that the diseases mentioned at the head of this article can be cured in about a couple of days. He says:

"I have delayed putting my small experience of the treatment in print in the hope of getting more evidence as to its utility; but really nowadays it is quite rare to get a case of gonorrhœa to treat. I refer to the Mediterranean station. About the years 1860 to 1863 the cases of gonorrhœa and syphilis

were rife in most of the ports; but since that time they have been steadily decreasing, and this is entirely due to the regular inspection in the French and Italian towns and ports. In Turkey and Egypt, where there is, I believe, a nominal supervision, we find syphilis more frequently than gonorrhœa.

"During the months of April, May and June, I was doing duty in her Majesty's ship *Hibernia* at Malta, where disease is at a minimum; but occasionally sporadic cases of disease make their appearance; where contracted or how imported has never been properly found out. I believe the merchant seamen must be blamed for their introduction, because with the periodical inspection of the men in the Royal Navy it is hardly possible that they should communicate it. I do not know the regulations in the army there, but I believe inspections are held in it also. The disease is easily kept in check in Malta, because the public women are comparatively few compared with the number of men who go on leave; and, therefore, several go to the same house and frequent the same woman, and then, when he or they have the disease, you can arrive at the name of the woman, who is arrested by the police and lodged in hospital on receiving a letter from the surgeon of the ship detailing the house and name. On the sick-list on the *Hibernia* I found a marine who had been under treatment for twenty days, which consisted in pursuing the recognized plan of giving salines, copaiba, and injections of different strengths and substances, with the usual results in these tedious cases, where the constitution is beginning to suffer from the long-continued discharge and confinement. I decided then on trying the permanganate of potash, which I tentatively gave in five grains to the ounce as an injection at least four times a day. This gave rise to no pain or other inconvenience. Since then I have administered it in as many as fifteen grains to the ounce. The result in this case was that the man was well in two days, or after about eight injections.

In the course of a fortnight this man went on leave, and came back with a gonorrhœa. The same treatment was pursued with a precisely similar result. I prescribed it also in the case of an officer who had had the disease for six weeks. The discharge in this case was more gleety, and his health was beginning to suffer. On this occasion the cure took six days; but I do not think he attended fully to the directions I gave him; neither was he regular in its use.

I regret that this is all the evidence I can bring of the good effects of the permanganate; but I see it is needless for me to wait for more cases, so I place this imperfect experiment before the profession. I do not vaunt these cases as being conclusive, because their paucity will hardly warrant me in claiming for this remedy the name of specific; but I bring them forward in order that those who have more opportunities of treating the disease may be tempted to try the permanganate; and I hope the results will be as satisfactory in their practice as they have been in my three cases. From what I have seen of its action, I feel very sanguine concerning its efficiency. I only ask that those who make use of it will be kind enough to publish their cases, whether attended by success or the reverse.

Now a few words may be necessary to the method of using the injection. It must be remembered that the permanganate of potash loses its virtue by admixture with any extraneous matter, or exposure; therefore it is advisable to mix the injection immediately before using it. This ought to be done in either a glass or porcelain dish, perfectly free from any greasy matter; and the syringe must be in a like state of purity. If care be not taken in its use the patient's linen will be stained; and this should be remembered in private practice.

Reviews and Book Notices.

BOOK NOTICES.

A Practical Treatise on the Medical and Surgical Uses of Electricity, Including Localized and General Electrization. By GEORGE M. BEARD, A. M., M. D., etc,, and A. D. ROCKWELL, A. M., M. D., etc. With one hundred and two illustrations. New York. Wm. Wood & Co., 1871. 1 vol., cloth, 8vo., pp. 698. Price $4.50.

We have long wished for a complete, practical, carefully prepared treatise on the medical employment of electricity, and have examined the above work with considerable interest. The authors have succeeded in producing the best book for instruction there is now before the public. It is clear, comprehensive, and avoids the constant confusion of terms which in other works repel the general student.

It is divided into electro-physics, electro-physiology, electro-therapeutics, and electro-surgery. Both localized and general electrization are explained fully, the chapters on the latter being the most complete to be found in any work on the subject. A chapter is given to electro-diagnosis, which opens up some new perspectives in that direction. The infant branch, if we may call it so, of electricity applied to surgery, especially the electrolytic action, merits a careful inquiry by practitioners, as certainly its promise is great.

This work will materially aid in placing electro-therapeutics on a sound scientific basis, a position which it hardly does yet, but soon must, enjoy. The book is well printed, and the numerous illustrations satisfactorily prepared.

MEDICAL AND SURGICAL REPORTER.

PHILADELPHIA, MARCH 11, 1871.

S. W. BUTLER, M. D., D. G. BRINTON, M. D., Editors.

☞ Medical Society and Clinical Reports, Notes and Observations, Foreign and Domestic Correspondence, News, etc., etc., of general medical interest, are respectfully solicited.

Articles of special importance, such especially as require original experimental research, analysis, or observation, will be liberally paid for.

☞ To insure publication, articles must be *practical, brief* as possible to do justice to the subject, and *carefully prepared*, so as to require little revision.

We particularly value the practical experience of country practitioners, many of whom possess a fund of information that rightfully belongs to the profession.

The Proprietor and Editors disclaim all responsibility for statements made over the names of correspondents.

THE RECENT DECISION OF THE COMMISSIONER OF PENSIONS.

Dr. H. VAN AERNAM, the Commissioner of Pensions, has taken a bold and excellent position, which has exposed him to the most bitter partisan attacks, and in which it is the duty of the regular profession to support him with their unanimous and outspoken approval. Dr. VAN AERNAM has dismissed several homœopathic physicians from the office of examining pension surgeon, on the ground that they "do not belong to the school of medicine recognized by the Bureau." Of course, for thus carrying into effect his well-grounded convictions, various petty sheets have exhausted their pretty extensive supply of invectives against him.

For our part, our personal knowledge of Dr. VAN AERNAM'S uncompromising conscientiousness, his profound sense of duty to maimed soldiers of the war, and his elevated views with regard to the profession, prepared us to expect just such action from him. Our official relations in the Eleventh Army Corps, during a long and arduous campaign, led us to form the highest opinion of him as a surgeon, an officer, and a most estimable member of the profession, and we can readily appreciate, and do most unreservedly endorse, his action in this case.

We should *not* do so were the step taken in blind bigotry, or petty spite against a rival school. We know that such motives do not influence Dr. VAN AERNAM. His reasons are the same that, during the whole war, prevented the Surgeon General's Bureau from employing homœopaths, which excludes them now from the army and navy, and which are recognized as valid in every country and by every intelligent and competent official.

It is absolutely necessary to the successful working of any bureau that its subordinates should respect the same rules for carrying out its orders; that there should be no difference of opinions about facts; that they should be similarly qualified. Notoriously, this were impossible were homœopaths, eclectics, mesmerists, spiritualists, Baunscheidists, and all the other riff-raff of irregular doctors, to be incorporated into the Pension Bureau, or any other bureau.

In making this decision, Dr. VAN AERNAM has not only decided in accordance with the invariable precedents of the United States service, but in conformity to the dictates of sound common sense, and indeed absolute necessity. We call upon the medical press and the medical societies of the country to sustain him actively and determinately. We warn them that neglect to do so will reflect severely upon themselves.

This is not a question of *sect*, as partisan papers make it, but of fitness for a duty, of knowledge of facts, of ability, of maintaining sound science in authority, and of opposing false pretensions. All honor to Commissioner VAN AERNAM for his wise and decided action!

AN ERROR ACKNOWLEDGED.

Many of our readers will remember that several years ago we had occasion to animadvert on a grave literary error committed by Dr. P. D. KEYSER, of this city. It is to be regretted that Dr. KEYSER did not at that time make the *amende honorable*, but, though personally disposed to do so, he was advised by friends to pursue the course he did.

We desire now to say for Dr. KEYSER that he acknowledges the error—the only one, we feel assured, of his professional life—and to ask for him that his professional brethren accept this acknowledgment. We would say, further, that there were mitigating circumstances that satisfy us that the error was one of the judgment rather than of the will.

Having made this acknowledgment, we know no reason why Dr. KEYSER should not occupy, without reserve, the position he is so well fitted, both by professional acquirements and personal qualifications, to fill, creditably to the profession of his choice and to himself.

Notes and Comments.

The Use of Narcotics.

A correspondent writes us: 1. A case of local hyperæsthesia, on the dorsal surface of the left arm, at a point half-way between elbow and wrist, of a married lady, æt. 25, while under treatment by a neighboring physician, with a hypodermic syringe charged with morph. sulph., is reported to me. I do not remember of having seen a case before, and that is why I mention this.

2. I was nervous and restless, some time ago, and to induce sleep took not more than chloral hydrate grs. xxv., before retiring. Soon I passed into a state of narcotism, and continued thus throughout the night. On the following morning I was able to walk with much difficulty, staggering quite considerably. Some congestion of the brain was experienced. Eyesight so much affected that I was neither able to read printed matter nor manuscript. There was disturbance of stomach, and vomiting more or less throughout the day. On a former occasion, congestion of the brain was experienced and continued more or less for a period of three days, after taking but grs. xv.

☞ We desire to call the attention of our readers to the opportunity of forming a good and profitable association at a mineral springs, offered by "A Physician" in our advertising columns. It is a rare opportunity for a young, intelligent and energetic physician, of some practical experience, to make a good investment.

Wanted.

☞ We are in PRESSING NEED of the following numbers of THE REPORTER: No. 701, August 6, 1870, and 723, Jan. 7, 1871. We will give ten cents for either, or 25 cents for both those numbers.

The Case of Double Amputation.

[See THE REPORTER, Vol. xxiii, pp. 352, 481, 538.]

As this case has caused considerable feeling in the neighborhood where it occurred, and as we are desirous of giving full justice to all concerned, we print below the affidavit of the patient and his wife. The report referred to is the one on page 352, vol. XXIII.

Dr. IDRIS DAVIES, we have learned since his article was admitted to our journal, holds a diploma issued by the "Eclectic Medical College" of this city.

Schuylkill County, ss—Commonwealth of Pennsylvania:

Personally appeared before me the subscriber, a Justice of the Peace, in and for said county, Rice Griffiths, of Mahanoy City, the person upon whom the above mentioned amputation was performed, and Mrs. Griffiths, his mother, who, being severally and separately sworn, saith that the above written report of the amputation performed upon, and subsequent treatment of the said Rice Griffiths by the above named Idris Davies, M. D., is correct and true in every item, to the best of their knowledge and belief. And they further saith, that owing to their great confidence and the superior medical skill and professional experience of the said Idris Davies, they had given him the entire control of the operation of amputation, and subsequent treatment of the patient. Dr. Geo. B. H. Swayze was but incidentally called for consultation, at the suggestion of the said Idris Davies.

RYCE GRIFFITHS,
ANN GRIFFITHS.

Sworn and subscribed before me, this sixteenth day of December, A. D., 1870.

MICHAEL GROODY,
Justice of the Peace.

Correspondence.

DOMESTIC.

A Case of Polypus Uteri.

EDS. MED. AND SURG. REPORTER:

On March 21, 1851, I was called to see Mrs. G., æt. about 42. She was thin and extremely anemical; said she had been unwell constantly for eight years, and at times had had exhausting floodings; had a burning sensation in the abdomen, and a hardness and fulness in the lower part of the bowels. She had no pain nor offensive discharges. Said she had taken but little medicine, that her physician said it was "change of life," and that she could not get well until that became fully established.

I placed my hand over the hypogastric region, and found a hard body as large as the womb, at the fourth or fifth month of gestation. Upon the touch per vaginam I met with a large, smooth tumor, filling the pelvic cavity, and resting upon the perineum fully three inches and a half in diameter, and upon every side, as far as I could reach, the mucous membrane of the vagina was reflected back upon the tumor, and the mouth of the womb could not be found.

I then attempted a more rigid examination, and upon touching the lower part of the tumor I found it void of natural sensibility. Then tracing the mass up—at the same time interrogating her as to the sensation—until I nearly reached the point of connection with the vagina, she said there was natural feeling; and after carefully passing the finger over the region of the growth, I made the discovery of the os, dilated down to the thinness of the finest paper, embedded as it were into the tumor, and, as I believed, extensively adherent.

I then said to her that she had a very large polypus of the womb, about one-half of which was within the cavity of that organ, and the other part resting in the passage below, and this, as I believed, was the cause of all her ill health. Not long after this, by the aid of "Gooche's double canula," I ligated this tumor just below the thin edge of the os, and on the ninth day the uterus took on strong expulsive contraction, breaking the adhesions and forcing into the vagina quite as much more of the growth as had a few hours before been severed by the ligature.

The womb now encircled the tumor at a point where it was about one inch and a half in diameter; and in a few days the ligature was applied to this as before. When this came away my patient was quite weak and nervous, and I let her remain quiet about ten days, when the speculum was used to examine the remaining portion of the presenting at the os. It was not less than one inch and a half in diameter; it was almost as even with the edge of the womb as if it had been excised with a knife.

It was a cellular or soft polypus, and in view of its feeble vitality, I undertook to destroy it by making a large, deep puncture, aiming to reach the neck and forcing into this a strong probang wet in the "acid nitrate of mercury." In this way I punctured it in many places, and in a few days I had the satisfaction of finding it turning dark and shrinking up within the os, and in fifteen days it had entirely sloughed away, and the womb concentrated down. From this time, under the use of "iron and bark", generous diet and out-door air, as soon as she was equal to it. She slowly but uninterruptedly improved in her general health. In some three months she began to interest herself in the interest of her family, and is at this time in the enjoyment of comfortable health.

Waterford, Erie co., Pa.

WM. FAULKNER, M. D.

QUERIES AND REPLIES.

Dr. J. G., of N. Y.—What is the best work on the Practice of Medicine now published? Please answer through THE REPORTER.

ANSWER.—We would recommend Niemeyer.

Brahee Sugar.

Dr. W. D., of Ills.—What is "Brahee Sugar"? I see it is highly recommended in *London Lancet* for 1866, page 199, in the treatment of rheumatism, neuralgia and nervous diseases generally, but have not been able to learn what it is, or where it may be had.

ANSWER.—We believe it was an empirical remedy, and has proved useless.

Dr. H. H., of Ills., wishes to know the incompatibles of chloral hydrate.

Stammering.

Dr. F. H. R., of N Y.—Do you know of any schools for the cure of *Stammering*, either at Philadelphia or elsewhere?

ANSWER.—We know of no good institution of the kind.

Dr. A. L. B., Ark.—We have no arrangement for *commuting* with foreign journals as yet, but can subscribe to any, either scientific or literary.

Drs. A. W. Bortch, Ohio, J. M. Carn, Florida, and *D. W. Bashore, Pa.*—Have you received back numbers that you wrote for in January? We have a mem. to send the numbers, and are not certain whether it was filled or not.

WORDS OF ENCOURAGEMENT.

Dr. G. B. M., Ohio, puts the case very strongly when he says: "I would not do without THE REPORTER if I had to send a V every quarter!" If Dr. M. will send his remittances in the shape of postal orders, or check or draft to our order, he need not fear their "falling among thieves."

Dr. T. B. H., D. C.—"THE REPORTER is weekly growing more and more interesting."

OBITUARY.

At a meeting of members of the medical profession, held at the office of Drs. Ballard and Hurd, in Findlay, Jan. 30th, 1871, for the purpose of expressing their opinion of the profession concerning the death and character of JAMES SPAYTH, M. D., the following resolutions, offered by Dr. Hurd, were unanimously adopted:

Resolved, That in the death of Dr. James Spayth, the medical profession has lost a member eminently worthy of their respect and love, whose modesty, skill, kindness and delicacy of feeling, gave evidence of those qualitties of mind and heart by which all the best and most eminent men of our profession have been distinguished.

Resolved, That a copy of the foregoing preamble and resolution be presented to the family of the deceased, and furnished for publication in the county papers, and MEDICAL AND SURGICAL REPORTER of Philadelphia, Pa.

At a meeting of the Medical Society of Northampton county, held at Bethlehem, Nov. 2, 1870, the following preamble and resolutions were adopted:

WHEREAS, By a dispensation of Divine Providence, Dr. A. L. HUEBENER, one of the members of our society, has been removed from our midst, it is both right and proper that the society should give some expression of its feeling upon this mournful occasion. Therefore

Resolved, That, by the death of Dr. A. L. Huebener, this society has lost one of its most honored and respected members, who, by his gentlemanly deportment and courtesy, his rare scientific acquirements, obtained an enviable and honorable position in his profession, thereby making his death more than an ordinary loss to this society and the community at large.

Resolved, That a copy of these resolutions be presented to the family of the deceased, and published in the Easton *Daily Express*, Bethlehem *Times* and MEDICAL AND SURGICAL REPORTER of Philadelphia.

A. N. LEINBACK, *Pres't pro tem.*
AMOS SEIP, *Secretary.*

MARRIED.

DONE—BAKER. At Christ Church, Yokohama, Japan, on the 19th day of January, 1871, by Rev. M. B. Bailey, Baily Done, M. D., of Maryland, and Carrie, youngest daughter of John Baker, Esq., of New York.

HOFFMAN—HARBISON. By Rev. A. Dilworth, January 34th, Dr. L. D. Hoffman and Miss Idell Harbison, all of Beaver Falls, Pa.

SMITH—BARTOW. In New York, March 8, by the Rev. Jay S. Backus, D. D., Abram L. Smith, Counselor-at-law, of Nyack, and Miss Emma G. Bartow, daughter of Isaac Bartow, M. D., of Tappanstown, N. Y.

DIED.

STANTON. In Stonington, Conn., Feb. 28, 1871, of puerperal mania, M. Louise, wife of Dr. George D. Stanton, and daughter of Francis Pendleton, Esq., aged 29 years, 3 months and 19 days.

WILSON. In New York, on the 25th ult.. of pleuro-pneumonia, George Wilson, M. D., in his 49th year.

THE
MEDICAL AND SURGICAL REPORTER.

No. 733.] PHILADELPHIA, MARCH 18, 1871. [Vol. XXIV.—No. 12

Original Department.

Lectures.

THE PATHOLOGICAL RELATIONS OF THE GASTRIC AND INTESTINAL TUBULES.

By Austin Flint, M. D.,

Professor of Practice of Medicine in Bellevue Hospital Medical College.

Mr. President: The paper which I am about to read will not contain any original observations, experience in practical microscopy being necessary, and I have not the qualifications or the leisure to engage in it. As regards the histological aspect of my subject, the facts to which I shall refer have been contributed by the English observers, Hanfield Jones, Wilson Fox, and Samuel Fenwick.

I have for years been convinced that the secretory glands of the alimentary canal form a domain in pathology unexplored, but from which important accessions are to come, and I have predicted that the tubules there found will present degenerative changes, which will satisfactorily account for that class of cases characterized by progressive and fatal inanition. I shall first give a history of some cases of this class which have fallen under my own observation.

Case I.—Gentleman, æt. 60. Health good up to the time anorexia began. No disease could be detected in any of the organs after a careful investigation, but for all, his appetite continued to fail till he could scarcely be prevailed on to take food in any form. His weight failed without notable emaciation, and by degrees his strength so far yielded that he was obliged to keep to his bed. At the time I saw him the pulse and skin did not denote fever. Various tonics and stimulants were given, but with no result.

Inanition continued and patient died. There was no autopsy.

I studied the case carefully, and was unable to account for the nature and seat of the disease.

Case II.—In March, 1866, saw in consultation a gentleman æt. 60, who had been ailing some months before I saw him. Without any appreciable cause his strength began to fail as anorexia progressed.

Shortly after I saw him he died. As in the former case, no cause could be discovered. An autopsy was refused by the friends.

Case III.—In the summer of 1868 I saw often with my lamented colleague, Dr. Geo. Elliott, a gentleman æt. about 55 years. The history of this case only differed from the others in the fact that he had occasional vomiting. Toward the close he passed under the hands of an homœopath; but I have learned that he died by exhaustion.

Case IV.—In May, 1869, an analagous case came under my observation in the practice of Dr. Jno. P. Hutchinson, of Brooklyn. Dr. Willard Parker was associated in consultation. The age of the patient was 60. He had been ailing for several months. The only difference in this case from the others was that he had occasional diarrhœa, but the history and symptoms denoted intestinal indigestion, and not ulceration or inflammation. Emaciation was more marked in this than in the previous cases.

The cases here recorded are males, but I visited, with my colleague, Dr. Fordyce Barker, a female patient in October, 1868, and another in January, 1869, the facts in both being similar to those I have given a summary of. The ages of each of Dr. B.'s cases were in the neighborhood of 60. It may have occurred to some present that there is a rela-

tion between the foregoing class of cases and the "*idiopathic anæmia*" of ADDISON.

Dr. Addison says: "For a long period I have from time to time met with a very remarkable form of general anæmia without any discoverable cause—cases in which there had been no previous loss of blood; no exhausting diarrhœa; no chlorosis; no purpura; no renal affection, splenic miasmata, glandular, strumous or malignant disease. * * * * It was while seeking in vain to throw some additional light on this form of anæmia that I stumbled on the curious facts that it is my more immediate object now to make known to the profession."

The facts referred to at the close of the quotation are the existence in these cases of infra-renal disease, and the absence of lesion elsewhere, to account for the anæmia and melasma. It is a reasonable supposition that Addison's cases, with and without the melasma, are to be classed with those which I have recited. Addison did not seek for the disease in the gastro-intestinal tubules. It is not a recent conjecture of mine that, had his microscopical researches taken this direction, he would have found a more satisfactory explanation of the infra-renal capsules on which, as he says, he stumbled.

In a published clinical lecture, in 1860, I said: "I have not the presumption to explain these cases, but I suspect there exists degenerative disease of the glandular tubuli of the stomach," and, I added, "I shall be ready to claim the merit of the idea if the laborious researches of some one shows it to be correct."

Assuming that the cases of Addison's "Idiopathic Anæmia" exemplify the pathological relations of the gastro-intestinal tubules, an important fact is that the anæmia is sometimes a remarkably prominent feature. In 1859 I saw a case at the New Orleans Charity Hospital, but as I was not aware at that time that Addison attributed the anæmia, when not accompanied by melasma, to supra-renal disease, the kidneys were not examined. The patient was a Spaniard, æt. 30; emaciated and anæmic, with no definite ailments except loss of appetite, occasional diarrhœa, and hemorrhoids. The hemorrhoids were removed, but no improvement in the general symptoms took place; a thorough examination of the different organs showed negative results. By degrees patient grew weaker and weaker, and died.

Post-mortem examination gave no disease of lungs, heart, stomach, or intestines. The spleen was somewhat enlarged. Other organs not examined. I added a postscript, stating that the blood was not examined for leucocythæmia.

In 1860 I saw another case very similar, but no autopsy was obtained.

GREENHOW has tabulated 196 cases of disease of supra-renal capsules of whatever kind, and of bronzed skin, with or without supra-renal disease.

Without entering into a discussion on the topic, I will simply remark that to prove the dependence of the symptoms on lesions of the gastric intestinal tubules, would not disprove a pathological relation of some kind in certain cases, between these lesions or their immediate effects and disease of the supra-renal capsules. The testimony of pathological anatomy yet remains to prove the views advanced, and an important contribution has been made in this quarter by Dr. SAMUEL FENWICK, of London, who has demonstrated extensive and destructive lesions of the gastric tubules, in a well-marked case belonging to the class which I have considered. In the London *Lancet*, of July 16th, 1870, he gives the case in full. At the *post-mortem*, the stomach was found empty, excepting a small quantity of gas; here were no signs of *post-mortem* digestion. When placed beneath the microscope the pits on the surface of the membrane were rather larger than usual, and well defined. The whole of the glandular structure of the organ was in a state of atrophy, and in no part could a section of normal tissue be found. In the pyloric and middle regions the secreting tubes seemed to be converted into a mass of connective tissue, but toward the cardiac region there is a trace of glandular structure. Here the tubes were scattered, flask like, and filled with granular matter and fatty epithelial cells. In other places the ends of the tubes were expanded. Brunner's glands were unusually larger. The villi of the upper part of the intestine were large, prominent, and contained fat, not as an emulsion, but as large drops in the interior of the villi.

In 1854 Handfield Jones wrote a paper on morbid changes in the mucous membrane of the stomach, and reported 100 cases where it had been examined with different diseases of the system. Of these, 28 were normal or

nearly so, 72 diseased—and of these, 25 presented different conditions of diseased tubules.

Dr. Wilson Fox, in 1858, published the accounts of 100 cases taken indiscriminately, and finds different conditions of disease, but does not give the proportions nor particulars.

Dr. Fenwick says, in his researches in cancer, that out of one hundred cases, exclusive of cancer, he found seventeen in which there were extensive tubular changes in the splenic and middle region of the stomach, and in seventy-five of cancer of the breast, the same regions were extensively diseased. In twelve per cent. of cancer of uterus there were found morbid changes, and in ten of eighteen cases of cancer the tubules were more or less diseased. In conclusion, Dr. F. says, that it may readily be seen that in these changes there is an explanation of the anæmia which so often accompanies malignant disease.

Dr. Fenwick, in 1864, examined into the state of the tubules of the stomach in scarlatina. Of ten cases in which death took place during the first week, the tubules were greatly distended by granular and fatty matter, or by small cells intermixed with granules. Of six cases where death took place from the second to the third week the tubes were less distended, their closed ends being still loaded with granular matter. Dr. MURCHISON has examined the stomach of twenty cases in this disease, and noted similar results, but they did not occur in every case, and he has found them also in other diseases.

Dr. F. also examined microscopically the vomited matters in the third week of scarlatina and found them to contain fibrinous casts of the stomach tubes.

In accordance with the propositions at the outset, I shall consider a few points in the pathological relations of the gastric and intestinal tubules in different diseases. It is frequently difficult to account for death in different forms of disease otherwise than to suppose that these glands were diseased. In phthisis how common is it to see those whose lungs are extensively destroyed live for years, whilst on the other hand the reverse takes place. We account for the fact by saying there is or is not a tolerance of the disease, but we do not explain. But clinical experience shows, other things being equal, that this rests on the ability to injest or digest food, and as has been shown by observations of Fox, Jones and Fenwick, that the tubules in chronic diseases are more or less diseased, it is not unfair to assume that in one class of cases extensive change has taken place and the other not so much, if any.

Reasoning from a physiological, clinical and pathological stand-point, we are warranted in the view that impairment of the digestive organs, together with anorexia, is symptomatic of morbid change in the gastric and intestinal tubules, but it remains to be determined whether the mobility to take certain kinds of food may not have a relation to the destruction of the gastric and intestinal tubules separately.

In writing this paper, my object has been to make further investigation on the subject. It forms a territory in pathology but slightly explored. I shall be glad if my remarks induce any to prosecute studies in this direction.

COMMUNICATIONS.

CASE OF A PHAGÆDENIC ULCER OF THE LEFT LEG—LOWER THIRD—AMPUTATION AT MID-THIGH—RECOVERY.

BY T. J. MCCULLOCH, M. D.,
Of Centreville, Texas.

Thomas McCoy, æt. 19; farmer by occupation; of robust constitution at the time he received the injury, which resulted in the formation of an ugly ulcer upon the left leg. The young man's father had sent him out on the prairie to herd cattle, and while on his way he collided with the sprig of a black-jack bush, which, pricking the flesh, produced a smarting sensation only, and onward he went to the place of his destination, not dreaming that he would soon perceive the consequences of so slight a scratch, and be fully alive to the result that ensued. Of course the lad's constitution was predisposed to ulceration, as so slight an irritation was sufficient to excite it.

After the lapse of a month or six weeks, I was called on to visit and treat the case. It was immediately well cauterized with nitric acid, followed with yeast and charcoal poultices, until it was discovered that granulations were set up, and altogether the ulcer had assumed quite a healthy aspect. The treatment then was pretty much that of a healthy ulcer. The patient being distant eighteen miles from my office, I left the necessary local and con-

stitutional remedies, with special directions, if the granulations became too luxuriant, that they should be touched with lunar caustic, and dressed with lint, or the sore be exposed to the air for a time. I need hardly say that the latter treatment was not called for, the ulcer behaving well, so to speak, continuing to heal until it was not larger than a half dime. His friends thought him well, and so reported the case to me ten days from the time I saw him.

On the 13th day I visited the patient, and as soon as I entered the threshold of his sleeping apartment, and my eye fell upon his physiognomy, I was satisfied something was wrong. To my great sorrow, when I came to examine the sore, it was again an ugly ulcer, and despite all that could be done, was soon not only phagædenic, but sloughing and gangrenous. I became alarmed at the thought of an unfavorable prognosis, of what proved to be a stubborn and obstinate ulcer. The course of treatment at the outset was re-begun, and again I succeeded in almost curing this vexatious sore, when, on a sudden, a small, livid spot showed itself on the diseased part, and near its circumference. The disease soon spread and converted the surface of the ulcer into a blackish slough. In addition to this the whole limb, as high up as the lower third of the thigh, became inflamed and betrayed a tendency to œdema.

As the ulcer resisted most obstinately every form of treatment, I had left but one alternative, and that was an amputation. Being called off on urgent business upon the railroad, forty or fifty miles distant, I thought that I would give my patient one more chance for his limb, observing to his friends that if no better on my return I would take it off.

In my absence, three days after my departure, McCoy's friends became alarmed and sent post haste for Drs. Landen and McFall, and in their absence, my professional brethren, Drs. CROWELL and FARR visited the patient, and gave it as their opinion that as the case stood there was a slim chance of his recovery; but that he would most assuredly die under an operation. I was a new-comer into the country, and the patient's condition bore heavily upon my mind. I hurried back, reaching Centreville the day after Drs. C. and F. had visited him. I gathered my instruments, and ordering my horse, turned his head in the direction of Buffalo—the creek on which the lad's parents reside. It was late in the evening when I reached Mr. McCoy's, but the sun was still high in the horizon, and as the trees made long shadows under the slanting rays, tinging the tops of the hills with its softening light, the scene was beautiful.

I was soon at McCoy's yard gate—which was further on, as he had moved a day or so previous—and dismounting, made my way into the house. The poor fellow was suffering intensely, and crying, "Help me! Oh! doctor, can you save my limb?" Mother, father, brothers, and sisters, with tears in their eyes, all exclaimed, "doctor, will his leg have to come off?" "Yes," said I, "and the quicker the better." I forthwith dispatched a messenger for a student of medicine in the neighborhood, to administer chloroform and render the necessary assistance; but he was absent from home, and so I had to "pull off my coat, roll up my sleeves" and *pitch in* by myself. This was a trying thing for me—no assistance. The vital powers were evidently beginning to fail, and I had no time to send off for an assistant. To undertake an operation under such circumstances was, I thought, the leading of "a forlorn hope." The patient being in a depressed condition, his friends were fully apprised of the danger of amputation. While arrangements were being made for the operation, I stepped out into the yard to pick up a small block, and began to reduce it to the proper shape for a suitable compress in this particular case, when I was interrogated by an old lady of three score and ten, looking very dignified and consequential, with a pair of spectacles thrown over her forehead: "Doctor, do you hear that screech owl?" "Yes," said I, "and what about that?" "Oh! it is a token of that dear boy's death."

The operation was performed by candle light—at night—taking off the limb at mid-thigh by means of the circular method, the patient being well put under the influence of chloroform. As the patient was *very emaciated*, I made an incision down to the bone at once, because in such cases we are taught that the muscles retract greatly. Sir C. BELL recommends the skin not to be divided quite circularly, but "the knife to be inclined a little, first to one side then to the other, so as to make two oval flaps." The same course may be pursued in cutting through the muscles. He further recommends that the limb should be raised perpendicular whilst the bone is

being sawed, so that the saw may be worked horizontally, by which means, he says, "the bone may be divided more evenly and much shorter, so that its end will be no more seen when depressed." The operation was performed on the patient in question according to the course laid down by Bell, and completed with scarcely the loss of a gill of blood. The large vessels and all the small ones that could be found were tied as quickly as possible, and the edges being brought together were retained by adhesive strips. The stump was covered with lint; the whole supported by a roller, carried once or twice around the pelvis. Four sutures were applied to assist in approximating and keeping the edges of the wound together. The patient was never allowed to get from under the influence of chloroform. I never saw any one, in his condition, take as much and withstand it so well. Perhaps this was owing to my having administered a half tumbler of brandy previous to giving him chloroform. To the bystanders, when through with the operation, he was thought to be dead, and from the scarcely perceptible, intermittent, thready and altogether very irregular pulse, I did not think he would survive through the night.

He was immediately removed from the table and put to bed, and the stump supported on a pillow and covered by oil cloth. The after-treatment consisted in cold-water dressings, anodynes, tonics and stimulants. I sat by his bedside through the night administering, every half hour, brandy and carb. ammonia. Having given him, immediately after one operation, a full dose of morphine, and just as the sun was rising in the east and lounging, as it were upon the tops of the timbers, young McCoy wakened up from his Rip Van Winkle sleep, and turning his head toward me, with eyes askance, positively smiled. This was a singular coincidence, I thought, and I will close by stating that my object in submitting this report of the recovery of a remarkable case to your valuable journal is to call attention to the paramount importance of the application of the tourniquet, upon which I contend depended my success in the operation, in all amputations after the vital powers begin to fail. Last, though not least, the result of this case proves conclusively that the surgeon's, as well as the practitioner's, motto should be in the most desperate cases:

"Hope on, hope ever,
Despair, no, never!"

In conclusion: the subject of this communication is now off at school, and intends, when he will have delivered a valedictory to the thraldom of the school-room, to study medicine or law. His mother tells me that he weighs 165 pounds. Who knows but that he may be seen some day demonstrating anatomy, not unlike D. HAYES AGNEW, in days of yore, in some respectable medical institution, or heard thundering in the legislative chambers of the nation, while a handsome bride may be seen promenading the gay and fashionable streets of the City of Washington.

HOSPITAL REPORTS.

UNIVERSITY OF PENNSYLVANIA.

Service of Prof. D. HAYES AGNEW, M. D.

[REPORTED BY DE F. WILLARD, M. D.]

Varicocele.

GENTLEMEN: The patient now before you is laboring under that dilated condition of the spermatic veins, which is denominated *varicocele*. It has never given him any serious inconvenience until recently, when its large size and painful condition have induced him to apply to us for permanent relief. He states that he first noticed it several years since after severe labor, but that it was then accompanied merely by an uneasiness in the part, which, however, increased until he constantly suffered from a feeling of weight in the scrotum, with a dull heavy pain extending up the course of the cord, even to the back, being transmitted along the genito-crural nerve. When squeezed by the fingers these veins present that feeling so characteristically described as a "bundle of worms," and although the affection is not dangerous in itself, yet it may ultimately favor atrophy of the testicle, or again, more certainly greatly impair the mind of the sufferer. That it commonly produces permanent atrophy I do not believe, and I think it wrong to worry the mind of any one, by leading them to such belief. That such an occurrence may take place is certainly possible, but the cases are not very common. This affection occurs most generally upon the left side. Various reasons have been given for this peculiarity, but BRINTON, however, proves by actual demonstration that it is not due to its length or to a difference in the angle of junction, but to the presence of a well marked valve at the orifice of the vein, when it enters the reva cava, while the left has no such support at the point where it pours its blood into the left renal.

These veins commence at the back part of the testis, and receiving branches from the epididymus,

unite to form the pampiniform plexus, which constitutes the chief mass of the cord. Along with these veins there are the other constituents of the spermatic cord, the arteries, nerves, lymphatics, excretory duct of the testicle or vas deferens, and the cremaster muscle. It is often directed that the arteries should be separated from the veins when ligation is performed, but I am confident, and if you will look at this injected preparation which I hold in my hand, I think you will agree with me, that such a procedure is often and usually impossible, and for the reason, as you see, that neither arteries nor veins take a direct straight course, but that they intertwine with each other throughout almost their entire extent.

The arteries of the cord are three in number: the spermatic from the aorta, a long branch which leaves the abdomen at the internal abdominal ring, and passing down the inguinal canal emerges at the external ring, is continued down to the testicle, which it supplies; the artery of the vas deferens, from the superior vesical, and the cremasteric, from the epigastric.

The nerves are derived from the renal and aortic plexuses of the sympathetic, which unite to form the spermatic plexus, being joined also by filaments from the hypogastric plexus, which accompany the artery of the vas deferens.

In regard to the causes of this affection, it may be induced by anything that favors congestion of the part: as an improperly fitted truss, pressure on the spermatic vessels from a distended colon or from a pelvic tumor, chronic disease of the scrotum, etc. Extreme continence has been sometimes urged as one of its causes, but I am much more disposed to believe that an excess of indulgence is a far greater factor in its production; in fact, large numbers of cases can be traced directly to this latter. Some writers have even gone so far as to recommend occasional indulgence as a relief for this condition, but I cannot look upon such advice as otherwise than baneful in its influence, first, because it would be ineffectual, and second, because we are never justifiable in breaking a moral law to relieve so slight a malady.

The mental disease of the patient will call for determined effort upon your part, since he will constantly dwell upon the supposed atrophy of the testicle, and the relaxation of the scrotum, until his mind becomes alienated, and depression is often excessive, unfitting him for active exertion. It will be your province to show him the needlessness of his fears, and assure him that there is but slight probability of any permanent injury being inflicted upon the testicle, and also that an operation can be performed if the swelling and discomfort become troublesome.

A varicocele, even though large, can always be diagnosed from other tumors of the scrotum by its irregular shape, and characteristic sensation of a "bundle of worms." A hydrocele is more regular and translucent, and when pressed back between the thighs, rebounds as though it were attached by an elastic hinge at the ext. abdom. ring. A sarcocele is hard, while a scrotal hernia is soft and doughy. This latter, especially when omental, is the most common cause of difficulty in diagnosis, and many men wearing trusses have applied to me, who were suffering simply from varicocele, and not from hernia at all. A truss would, of course, but render matters worse. Such an error you should never make, for the means of determination are easy, as you will see if you recall the different anatomy of these tumors.

Place your patient upon his back and reduce these tumors if you can; then control the outlet of the inguinal canal with your finger, and direct him to assume the erect position. Of course the intestines cannot descend, and there will be no increase in the tumor if it is a hernia, while if it is a varicocele the finger will not control the blood from entering, and it is soon reproduced; or again, by compressing the neck of a tumor you can increase its size if it be a varicocele, while a hernia will remain unchanged.

It should not be forgotten that hydrocele or hernia may coexist with varicocele.

A cure of this complaint may often be accomplished by the removal of any exciting cause, the wearing of a good suspensory bandage to give support to the parts, and cold local bathing or astringent lotions.

These failing, the tumor becoming large, or the mind of the patient greatly influenced, an operation becomes necessary. The operations are various. An old one consisted in cutting down upon the veins, and after strangulating them upon a pin by means of the figure of 8 suture for twenty-four hours, dividing them across with a bistoury. This was not, however, unattended with danger, and has now entirely given place to subcutaneous ligation in some form. The same may also be said of the operation of VELPEAU, in which the skin of the scrotum was strangulated upon a pin along with the veins, since inflammation or erysipelas is liable to follow its employment.

The modification of Velpeau is the operation which I most prefer.

In this, as in all ligations, the hard, corded vas deferens should be carefully separated, as also the pulsating arteries if possible; but as I have said, I do not think that this is often practicable. Then a long pin is thrust directly through behind the veins, and you are certain that you have them all confined. A needle armed, with a double ligature, is then carried in at the puncture made by the pin, passed *above* the vein, just underneath the skin, and finally brought out

at the opposite junction. The loop is slipped over the head of the pin, and you can now see we have perfect control of all the veins, for the pin is beneath them, and the ligature above—moreover, we know that we have nothing but the veins. Then tighten the ligature until the loop is drawn out of sight, and tie the two free ends tightly beneath the pin on the opposite side, which will effectually cut off all circulation. The patient must be kept in bed, and this pin should remain in position for twelve or fourteen days, when all may easily be removed by simply withdrawing it. Seven days is sometimes sufficient to complete the cure, but I think it better to leave it in position until it has ulcerated its way through and compelled complete obstruction. Should inflammatory symptoms arise, they should be combatted by cool anodyne lotions, etc. The operation is painful and will require ether.

There are other methods of subcutaneous ligation: one performed by passing a needle armed with a double ligature, directly through below the veins (having isolated the vas deferens); then entering it again, at the point of exit, it is made to traverse back above the veins and out at the original point of entrance, thus throwing a loop around them which can be tightened by tying over a button or quill. Another, by passing two double ligatures, one above, the other below the veins, emerging at the same openings, when, slipping the free ends through the loops upon either side, complete strangulation is effected by simply drawing down the loops and fastening the ends over pencils or pledgets. These loops can be removed by having previously attached to them a small thread. Considerable inflammation will often accompany any of these operations; but if properly combatted, it only tends to make the cure more complete.

Mr. Lee has recently advised that two pins be passed through between the veins and duct, and that slight pressure be applied to the former at two points by means of ligatures thrown over the pins, while they are *subcutaneously* divided with a tenotome, midway between these two. The ligatures are removed upon the first day, and the pins upon the fifth. He reports one patient who had had no return of the difficulty for at least a year. These spermatic veins will submit to such treatment better than veins in other parts of the body, since they always bear interference with greater impunity, and ill results are much less frequent.

He affirms, that although it was formerly supposed, as in the time of Travers and Home, that the lining membrane of a vein would secrete lymph when irritated, just as a serous membrane might and that the opposite sides of the vessel would thus be glued together; yet that this supposition is erroneous, and that the interior of divided veins are only closed by fibrine deposited from the blood.

He explains the deaths which so often occur after ligation or division of the veins, to the fact that such fibrinous coagula are very easily removed and carried into the general circulation from a giving away of this bond of union, when, if they have been formed from healthy blood, but little disturbance seems to be created; but if morbid changes have commenced in this coagula, either from its own vitiation, or from diseased action, which may be communicated to it from morbid alterations in the necessary effused blood surrounding the cut extremity, then the most severe symptoms of blood poisoning may present themselves, and death be the result.

Even when the vein is ligated it does not always prevent this occurrence, since the continuity of its canal seems sometimes to be reëstablished, and the coagula of fibrine, which have temporarily obstructed the tube, are then necessarily swept on into the general system. Such serious results, however, seldom happen from the operations for varicocele, and I think we can safely promise the man a speedy cure.

[Velpeau's modified operation, then performed, as described above.—De F. W.]

Retention of Urine.

The man before you is suffering from retention of urine, occasioned by spasmodic stricture of the urethra. I pass a large catheter down the canal, and as it reaches the narrowed portion I feel the obstruction slowly yield before the gentle pressure, and now the bladder is entered, and the urine flows freely through the tube.

That was an operation easily done, but I assure you that the passing of a catheter is not always thus quickly accomplished, and just here it may be that I cannot better occupy your time than by saying a few words upon a subject in which you are all so much interested, for although it is so common a procedure, yet it will often tax your every ingenuity.

In regard to the selection of the instrument itself—it should be of solid silver, of good length, at least 10 to 12 inches, and with a curve at the lower quarter which is the segment of the arc of a circle. This curve may be made to suit the desire of the operator, but it should be nearly the same as the normal curve of the urethra, still this is not particularly essential, as even a straight instrument could readily be carried in. It should be unyielding, in order that there be no uncertainty in its introduction, and the eyes should be long and large, since the small perforations easily choke with mucus or blood; the rings are for the purpose of retention by bandages. Every surgeon should have them of various sizes, to meet any emergency, yet a large catheter should always be the first one tried, since it distends the walls and is less liable to be arrested.

Gum catheters are occasionally of service, but should never be long retained in the bladder. They are sometimes quite useful, when the stilet is withdrawn, since they can thus be made to pursue a devious route which a stiff instrument could not follow. An extremely long instrument is sometimes needed in rare cases when the bladder has been pushed up by constant and excessive accumulation, and the ordinary one will not relieve. Such cases occasionally come to my notice, in which after many failures, the bladder has been easily and simply reached by one of these long instruments.

Now what cases will require the use of this instrument? Not every case of retention of urine, for many of them can be otherwise relieved. A man goes upon a spree, and the next morning finds himself unable to empty his bladder; so bodily fatigue, intense excitement, fear, or anxiety, close protracted study allowing the bladder to become overdistended, etc., etc., will produce it; but they are often easily relieved by the means which I shall presently mention. These will consist of hot hip baths, anodyne enema, rest and quiet; the injection of warm sweet oil into the urethra; the pouring of hot water from a height upon the pelvis, or by the assistance of the simple force of imagination, *i. e.*, running a small stream from a spigot, which by its noise will attract the attention, and allow the muscles to act without restraint. Some one of these measures will often accomplish the desired purpose, and I am often called to draw the water of a patient suffering from tight stricture, when I simply prescribe hot cloths, warm drinks, together with a dose of laudanum by the rectum, and upon return, in the course of a couple of hours, find that a free discharge has taken place. Hot hip baths, or a chamber filled with hot water, are often sufficient for children or women.

Should these means fail, a catheter should then be used. The instrument should be well warmed and oiled, and is then gently carried down the canal with the handle *directly over the median line of the abdomen.* This I consider a most important principle, and by its observance you will often escape many of the difficulties which are encountered when false passages have been made. The method sometimes advised of entering the catheter with the handle downward between the thighs, and when the membranous portion is reached, sweeping it around to the position over the abdomen, I consider unnecessary, and only intended for "stage effect." Another important principle is, not to force the point onward against the walls of the canal, but rather to let it take its own course—in other words, let the urethra "swallow the instrument." Should it be arrested by any of the lacunæ or folds of the mucous membrane, withdraw it a little, and when disengaged, again push it forward. The catheter should be held delicately, yet firmly, between the thumb and fingers, and the penis drawn upward upon the instrument as it advances.

When the membranous portion is reached, then a change in direction is necessary, as you will see by reference to this model of the urethra before you. The course is now backward, through the triangular ligament or deep perineal fascia, then through the prostate gland, and into the bladder. To make the catheter follow this course it is then only necessary to carry the handle from its position over the median line of the abdomen to a median position between the thighs. This seems simple, but upon the manner in which you perform the movement will depend the entire question of success or failure, provided obstructions exist. Grasp the instrument firmly, recall the course of the canal; remember the points of resistance, the fulcrum and the power; keep the handle *always in the median line;* make it describe the arc of a circle; press, but do not push; follow the upper wall with the point.

If you push it backward or downward, or do not bring the handle down quickly enough, you will catch upon the lower wall of the urethra, and if you use force, will perforate this wall and pass out into the connective tissue between the rectum and bladder; while, on the other hand, if you elevate the point too rapidly, it will catch against the upper wall, and may perforate it. Be guided, then, by the course of the canal, and make your pressure very, very gently, and in the right direction.

It is at this point that strictures commonly exist, and when present you will need two things, *i. e.*, knowledge of the anatomy of the parts, and *patience.* A stricture is not to be forced. If spasmodic, a little gentle pressure for five or ten minutes will slowly overcome the resistance by tiring the muscles, or they may be thrown off their guard by a moment's conversation with the man upon indifferent topics. Let all your movements be slow, steady and firm. An organic stricture will, however, require more work and more care. The finger should always be in the rectum (a procedure which should never be neglected when any difficulty arises in catheterization), to guide and guard the point of your instrument, and violence must never be used. Firm, continued pressure is what is needed, having first assured yourself that you are pressing against the stricture itself and are not in one of the little pouches which here abound, and after a time, if you cannot pass the large instrument, take a smaller one, and then another and another, increasing your vigilance and care as you decrease the size of your catheter, until at last you will usually be rewarded by finding it pass on into the bladder and the urine freely appearing.

I consider the horizontal position, with the limbs flexed, the most favorable one, although the stoop-

ing posture upon the feet is sometimes good. In obstinate cases ether should be given, as it will greatly assist in relaxation; and it is seldom that retention of urine occurs even in organic narrowing of the canal, without there being a certain coëxisting amount of spasmodic action. In old cases, with perineal fistulæ and false passages from previous improper efforts, your task will often be a difficult one; but I do not think that failures need often occur in experienced hands. Of course, a trained surgeon can use more force than you should ever employ, for his educated touch will inform him of the proper amount that is safe; but I would not dare to teach "forced catheterization" to you as young men, and even in the best of hands it should only be done in great emergencies, when the distension of the bladder is very great.

When the obstruction is due to enlargement of the prostrate gland, the finger in the rectum or a flexible catheter will usually overcome the difficulty. Should all means fail to pass the strictured obstruction, especially if an inflammatory element exists, put your patient in bed, leech the perineum, give a full anodyne, with hot cloths, etc., as before ordered, and after these manipulations, provided they have not been excessive, relief may still occur in a short time. Of course, if the man is not relieved, rupture of the bladder may occur, but I do not think that this will often happen, for I have many times seen the drops commence to trickle after all means had failed, nature relieving herself and foreshadowing a free flow before many hours. Tapping of the bladder by various routes is described in all your surgical works, and, of course, it should be performed before the viscus be allowed to rupture, yet I think it is an operation rarely necessary, since care and patience will, I believe, overcome the most hopeless case. Certainly, I have never yet been obliged to perform it, although I have seen many hundreds of these cases, but have *always* succeeded in relieving them through the urethra.

If danger is not immediate, put your patient under appropriate treatment and try again.

In conclusion, I would only say, always put a patient in bed, after the passing of a catheter for any cause, and give an anodyne enema, for this operation, simple as it seems, has often been followed by most serious consequences.

Toe Nail Ulcer.

You may think that this next case is a small and insignificant one, but I can assure you that you will meet far more patients suffering with this complaint than you will of stone, or cancer or fracture.

It is an irritable ulcer, having a constant, existing cause, the irritation of the nail, and being thus constantly annoyed, will not yield to any of the ordinary remedies. The edge is not "growing into the flesh," as popularly expressed, but the flesh has risen above it, as a result of inflammatory action and deposit. It is caused principally by the wearing of a tight shoe, either at the present time or at some previous period, and by the improper paring of the nail, *i e.*, cutting it at the corner, whereas such a procedure should never be practiced. If you always cut your nails squarely at the end, much difficulty and pain will be avoided.

Many means have been suggested for its relief, all looking to the elevation of the nail and reduction of the inflammation. This may be attempted in the first place by the wearing of a loose boot, together with the use of a pledget of lint placed beneath the edge, the nail having first been split or thoroughly scraped down through its central portion. Another mode is by the use of a compress kept upon the exuberant flesh by means of a roller or adhesive strips; but all of these means are often ineffectual, and the trouble will still continue in spite of every effort, even though cauterization may be added.

This unfavorable result is largely due no doubt to the fact that few persons can be found willing to wear a shoe which will not constantly add to the difficulty, and in the end you will often be obliged to resort to complete removal of the nail. Some surgeons recommend that only the offending edges be taken away; but I have found that the remaining central piece is of little service as a protector to the toe, and moreover, that it often gives rise to similar difficulties at a subsequent period. I would advise, therefore, that the nail be excised *in toto*, and not only so, but that the matrix itself be also destroyed; in fact, I think the chief reason that the operation has so often proved ineffectual in affording permanent relief, is occasioned by a neglect of this latter precaution. It is an exceedingly painful operation, and should never be attempted without the assistance of ether. The nail is removed by first cutting down through the center, well into the matrix, then with the handle of the bistoury, separating the whole base and sides most thoroughly; when, seizing each half successively with a pair of forceps, it is lifted out bodily from its position, and the whole matrix and entire circumference well cauterized with the stick caustic potassa. Any excessive action of this agent may be counteracted by a wash of dilute acetic acid, or by a piece of lint wet in olive oil, and laid upon the part.

The dressing will be simply warm water, and rest should be required for a period of two weeks, when the wound will be sufficiently healed to permit of the use of a loose boot; tenderness will continue for a time, but at last the parts will be as comfortable as though protected with a nail.

The practice of pouring hot tallow upon the granulations has often been recommended, and is frequently of great benefit, but failing in this, I should

advise you to perform the above operation rather than let your patient suffer on for years.

[Nail slit up and removed, and caustic applied.—De F. W.]

Onychia Maligna.

We have also present several cases of onychia maligna, a disease which consists of a destructive inflammation of the matrix of the nails, being usually associated with the scrofulous diathesis, or with an impoverished condition of the blood due to bad or insufficient food.

As the inflammation extends, the pain is severe, until ulceration occurs, when the discharge becomes irritating and offensive. If this condition continues, the ulcer presents an unhealthy appearance; the nail blackens and dies; the surrounding tissues become red, indurated and enlarged, until that so characteristic angry clubbed appearance results, and continues on even for months, unless relieved. When the disease has advanced to this extent, and the nail is dead, as in the cases before us, it can only act as an irritating foreign body, and should, therefore, be removed at once, the matrix being well cauterized with caustic potassa. All excess of the caustic is neutralized by dilute acetic acid, or oil and dressing applied of some stimulating ointment.

When seen in the early stages, the best treatment is cauterization around the circumference and matrix, with nitrate of silver.

[Nails removed and caustic applied.—De F. W.]

COLLEGE OF PHYSICIANS AND SURGEONS.

February 17, 1871.

DISEASES OF WOMEN.

Clinic of Dr. T. G. Thomas.

Ovariotomy.

Dr. Thomas presented together two cases from whom ovarian tumors had been removed recently.

Mrs. B.—This case was ovarian cyst, and previous to the operation had been tapped; considerable hemorrhage followed the evacuation of the cyst. At the time of operation, the patient was greatly exhausted; pulse 140; sweating profusely. A long incision was made through the abdominal wall; the adhesions ruptured, and the entire cyst removed. Rather profuse hemorrhage resulted from the separation of the attachments, and had to be sponged out of the abdomen. After the operation pulse ranged from 140 to 150, and once for 24 hours it continued at 160.

On the 6th day patient partook freely of cider and gingerbread, and very soon after a diarrhœa followed, which nearly proved fatal; yet, in spite of the desperate character of the case throughout, she recovered. When the cyst was tapped previous to the operation there was no odor to it, but at the operation the stench was excessive, the result of inflammation of the cyst-wall.

The case was instructive, showing that an operation may succeed under exceedingly adverse circumstances.

The other case presented was the one operated on at the Strangers' Hospital, and reported in a former clinic.

Twin Placentæ.

This was a specimen showing the placentæ of twins, with each set of membranes perfect, though coalescing to a certain extent.

Dr. Thomas said, in some cases one fœtus kicks through the partition, which gives rise to the appearance of but one set of membranes. From this accident a very unpleasant complication may arise. The head of one and the foot of another may present at the same time, and is only discovered when traction is made on the foot under the supposition that this will return the head.

Emansio Mensium.

Mrs. O., æt. 25; marrried eight years; sterile. Has never menstruated. Is very positive on this subject. There are no signs of ovulation, and what is most extraordinary in the case, is, that the uterus measures two and a-half inches, and at the same time the mental and physical condition has reached the usual standard.

The prognosis must be as unsatisfactory as the diagnosis.

Treatment.—Her physician has been employing sponge tents. These should be continued. A strong current of electricity should be carried through the uterus; and, although this is empirical treatment, it may not be devoid of results.

Retroflexion of Uterus.

Mrs. F., æt. 27; youngest child four years old; has been sick for four years; menstruates every two weeks; this is accompanied with very severe pain; is unable to hold her water.

A diagnosis of ovarian tumor has been made by her physicians, but on a vaginal examination there is detected a sensitive mass resting in the curve of the sacrum, apparently posteriorly to the uterus, but on passing the sound it is found to go backward and into this mass, making plain one of two things, retroflexion or penetration of uterine wall.

The latter can readily be dismissed. The case at first has been one of subinvolution, and eventually flexion has been established.

The treatment will consist, first, in replacing the uterus by means of a repositor, then employing a double lever pessary. The organ may be greatly improved in three months.

February 24, 1871.

Fibrous Tumor of the Urethra.

A child, æt. 17 months, was presented at the clinic with a fibrous tumor of the urethra projecting

between the labia. Dr. THOMAS said he first proposed to operate to-day, but the mother of the child was not at present arranged for it. The operation was to ligate the tumor, and then to sever it. The galvano-caustic might with advantage be used, but the difficulty of keeping one of those instruments in repair is a great obstacle to its use.

There was, moreover, another objection. As in the operation, the pedicle will be retracted. Should bleeding occur, it would take place into the bladder and produce a fatal result before the cause could be made out.

Umbilical Hernia with Lipoma.

Mrs. C., æt. 46. Has a protrusion at the umbilicus, consisting of hernia and lipoma. This causes so much pain that she is hardly able to attend to her household duties.

In this case an apparatus would be of but trifling service. The most desirable thing will be to cut off the walls of the tumor, return the hernia, vivify or abrade the sides of the opening and close by sutures. The risk should not be very great, and the cure would undoubtedly be complete.

Obstructive Dysmenorrhœa—Constricted Os.

M. S., single, æt. 29; complains of pain in the back during the whole of the month, but at the menstrual epoch this is greatly intensified. Is never unwell for more than two days, and frequently but for half a day.

Vaginal examination showed a uterus and appendages normal in size and position. The os externum was so small as not to allow the introduction of a probe of ordinary size. As a result of this deficiency in the escape of the blood, endometritis is liable to result, accompanied by menorrhagia or metrorrhagia, but in the present case it has not occurred.

The treatment will be the same as practiced on a patient at the clinic some weeks ago, viz.: Removing a strip of cervical tissue from circumference of the os, in order to increase its calibre.

In private practice the suggestion of an operation will be very liable to cause a storm in the house, and in those cases tents will, with advantage, be used, and of the different form of tents, sponge is to be preferred.

Retroversion of Uterus.

Mrs. C. has been ailing eight or nine years, since the birth of her last child, with shooting pains in her thighs and stomach; has also pain in the back, with the whites. On vaginal examination a mass is found in the hollow of sacrum, exactly similar in all respects to the case reported last week.

The treatment here will be, first to replace the organ by the repositor, then by the use of a tampon to keep it in position, the patient meanwhile being in bed. The tampon will be applied, first by taking cotton soaked in tannin and glycerine, and packing the upper part of the vagina, where the fundus of the organ previously rested, then filling the rest of the vagina with dry cotton.

Medical Societies.

NEW YORK PATHOLOGICAL SOCIETY.

February 22d, 1871.

(Dr. ALFRED L. LOOMIS in the Chair.)

Dry Gangrene Occurring During Bronchitis.

Dr. FINNEL presented gangrenous toes, with the following history:

The patient was three years old and lived in Brooklyn. Was attacked with acute bronchitis, and after two weeks the toes of both feet showed marked signs of coldness. In a week they grew discolored, and in another week they sloughed away.

The sounds of the heart were normal, and no cause for the gangrene could be discovered.

Stricture of Urethra.

Dr. JANEWAY presented a penis having an impervious stricture with history. Patient had several attacks of gonorrhoea, but in August last noticed difficulty in passing water, this increased up to the time of admission, on the day after he died—comatose—not having passed any water since coming in.

P. M.—A stricture of the annular variety was discovered, having a membrane stretched across it. Above, there was an opening, apparently a Cowper's duct, dilated. In the prostrate an abscess was found with gangrenous walls. The bladder was saculated. This form of stricture has been denied by some.

Hæmatocele of Tunica Vaginalis.

This was shown in section. Toward the serous membrane was a layer of lymph, then a darker stratum, which grew lighter toward the centre

Idiopathic Osteo-Myelitis.

Dr. SANDS presented a specimen of osteo-myelitis of the femur, with history. This was acute and idiopathic, and the first, to his recollection, that was ever presented before the society. The patient was a boy, æt. 9, in ordinary health. A week before the illness he fell on his buttocks in the street, but this did not apparently influence the attack.

On February 11th he suddenly fell on his knees, but by the next day he was better, and able to eat his dinner. During the night the pain increased.

On the 13th pain in the knee again came on, when disease of the joint was suspected.

February 14.—Was worse; pulse 132; temperature 103; restless.

February 15.—Worse. Tenderness diffused.

February 16.—Delirious; pulse 140; complained of pain in knee and thigh; no œdema of legs or

thighs; affected limb half inch greater in circumference.

February 17.—Thigh an inch larger. On the 18th died, overcome by nervous exhaustion.

The pain was relieved by morphia and anæsthetics; no signs of pyæmia.

P. M.—Thigh two inches greater in circumference.

Periosteum.—On outer surface, here and there, small collections of pus; the membrane was thickened, and in some places detached; knee and hip-joints were healthy. The focus of the disease was inside; the marrow throughout was in a state of hyperæmia; in some places softened into what seemed purulent matter.

Dr. Sands said, the diagnosis was made out two or three days before death, and rested mainly on pain along shaft of bone, without appreciable swelling. In some cases swelling comes on as late as the eighth day.

Some discussion took place as to treatment.

Dr. VAN GIESON suggested, that inasmuch as nature in a certain number of cases performed a cure by perforation from within outward, it would be justifiable to make a number of openings in the affected part down to the medulla.

Dr. HAMILTON was in favor of the view that the periostitis was primary and the osteo myelitis secondary.

Detachment of Vitreous Humor.

Dr. NOYES presented an eye in which this occurrence had taken place. The patient was a man of 20, and on firing a gun a portion of the exploded cap passed through the outer margin of the cornea into the fundus, and rebounding, lodged posteriorly in the lens.

As a result of the injury the lens was absorbed, the vitreous underwent an inflammation which eventuated in complete detachment. The retina was in proper position.

Forcible Dilatation of Stricture—Death.

Dr. K. F. HERR presented an interesting specimen showing the appearance of the parts shortly after operation. The cause of death was due to an overdose of laudanum taken to procure sleep.

Foreign Body in Bronchus.

Dr. Herr also presented a specimen, showing the lodgment of a tooth in the bronchus, which gave rise to no immediate symptoms of danger, but eventually bronchitis, pneumonia and death. The tooth passed into the larynx, after vomiting. The emesis was caused by ether used for an operation on the jaw.

NEW YORK ACADEMY OF MEDICINE.

February 16, 1871.

Diabetes.

Dr. W. H. DRAPER resumed the discussion on this subject. He reviewed to a certain extent the symptoms and pathology, and held that diabetes may be of diverse origin, and not at all times from the same cause. That the best hypothesis on which to account for the disease, as we usually find it, was sub-oxidation of food, but that the relation of nerve force was imperfectly understood.

Dr. PETERS—It is true that the non-destruction of sugar in food gives rise to diabetes, and by proper dieting this is curable. But it is also true that animal sugar occurs, and in this it is obvious dietetics will fail to effect a result. In diabetic patients who are fat, alkalies seem to do good, but, on the other hand, if they are emaciated, or of a thin habit, alkalies do harm.

Dr. JACOBI said that the frequency of the disease differed in different countries. In the Island of Ceylon there was a very large number, whereas in Peru, in South America, it was unknown. He was of the opinion that nervous causes, as mental exertion, emotion, etc., gave rise to sudden diabetes. At Carlsbad, of 140 cases treated by a physician there, thirty-five per cent. were Jews. This was not caused by their religion, but by their brain work.

EDITORIAL DEPARTMENT.

PERISCOPE.

Chronic Varieties of Syphilitic Ulcerations.

Mr. MORGAN, F. R. C. S. I., Surgeon to Mercer's and to the Westmoreland Lock Hospitals, etc., describes in *The Medical Press and Circular*, for November 30, 1870, a peculiar form of venereal ulcerations:

The resemblance between some forms of chronic ulceration of a venereal origin, and that of an epitheliomatous nature is very remarkable, and may be the source of deep anxiety both to the surgeon and the patient; the persistence of the ulcerations, their appearance, and character, at times, almost completely simulates a malignant character, especially that form of ulceration, seen for instance on the the face, as "Jacob's ulcer," where the progress is slow, the margin cuticular, and peculiar; and where the absence of pain and of glandular enlargements lull the patient's anxieties. Some cases both of pseudo-malignant ulcerations and rowths

have lately come under notice, which I can best illustrate by detailing a few of the instances which have been noted with as great accuracy as could be obtained.

A patient, aged thirty-seven (No. 824), was admitted to the Westmoreland Hospital, January 4th, 1870. She still has the appearance of being strong and in tolerable condition, and gives the following history, which has been confirmed by reference to the hospital books. She has no recollection of any primary sore, but had gonorrhœa—*i. e.*, discharge; several times; about six years ago an ulceration, manifestly of a secondary character, attacked the mouth, ending in a cicatriaztion which closed the aperture to about one-half. This I repaired by operation, excising the cicatrized portion, and detaching and draining out the mucous membrane around the margin of the incisions. She had no further symptom, but suffered from pains rather severely. About five years ago a small sore formed at the nympha which has never healed since, but has gradually extended in a serpiginous course around the vulva. For the first two and a-half or three years she continued an irregular life, but has since been obliged to desist, owing to the irritation. The sore has a superficial, very faintly granular appearance, with hardened edges, creeping irregularly around—the nympha, clitoris, and inner side of labia have been occupied by it. There is a little ichorous thin discharge from it—microscopically containing a few pus cells and copious epithelium. The margins are in places as if gouged out sharply and superficially; and there is no uterine or intra-vaginal ulceration whatever. The inguinal glands are healthy, and the condition of the patient almost in robust health. There is no sign whatever of any other constitutional evidences of infection.

Auto-inoculation of the sore, repeatedly tried, failed. The patient never had taken mercury in any shape. It is known from reference to the hospital books that the sore has existed now nearly five years.

A drawing taken bears the strongest resemblance to a malignant erosive ulceration.

The treatment consisted in the free application of escharotics, the local use of an arsenical lotion, and the administration of Fowler's solution, perseveringly—the ulceration healed in parts and cicatrized over. The patient left hospital before its being entirely healed, and has returned on several occasions since, suffering from the same form of ulceration but in a minor degree, the appearance and condition being still entirely free from any malignant cachexia. Whether this sore was capable of propagation as a venereal affection there is no evidence to show; it was certainly not auto-inoculable on several occasions; if communicable, it would easily explain how venereal disease may be propagated extensively, and for a continued period by one individual.

Chronic Ulcer of Another Form.

Another variety of chronic sores is not at all unusual, but they differ from that which forms the subject of the foregoing remarks. They are surrounded with a dense cuticular and callous edge, and secrete a little, thin ichorous discharge; they appear to be very insensible, and are totally devoid of granulations. There existence dates from one to three years. They resist *auto*-inoculation, but being usually associated with well-marked constitutional signs, there is little doubt of their possessing virility of a dangerous form to the system; they sometimes coexist with other more recent sores, as in one of the following instances:

No. 963. Admitted March 16th, 1870. Aged 30. W. 6.	Large chronic sore at the vaginal orifice, of 18 months' duration; 5 smaller pus secreting sores on the labium and nympha; papular rash.	Had pains, mucous patches, and discharge.
No. 768. Admitted December 7th, 1869. Aged 30. W. 12.	Chronic sore for two years at vagina; scattered papular rash; cachexia.	Had a sore and rash three years before. Died of phthisis and cachexia.
No. 733. Admitted November 17, 1869. Aged 30. W. 14.	Large chronic sore of nympha; two years' duration.	Never had rash but severe pains.
No. 735. Admitted November 17, 1869. Aged 25. W. 14.	Large chronic sore of two years' duration at vaginal orifice.	Had discharge, pains, papular rash, and lost one eye by untreated iritis.
No. 1,018. Admitted March 29. Aged 20. W. 6.	Had for the last 18 months a huge chronic sore of the nympha; now has a large non-indurated sore at fourchette, almost phagedenic in character.	Has the cicatrix of a healed chronic sore; has pains only.
No. 749. Admitted November 25, 1869. Aged 22.	Has a large chronic sore on the nympha, which is unusually hypertrophoid.	Four and a half years ago had a sore and patches; never had rash, pains or bubo.
No. 1,016. Admitted March 29, 1870. Aged 28. W. 6.	Extensive ulcerations of the nympha and hypertrophy; cachexia extreme.	Two and a half years ago had a suppurating bubo, and in one year got the present sore.

We find, thus, the chronic sore in these instances

associated with various evidences of constitutional infection. In one case, 740, there has been, however, no constitutional evidence.

That they are capable of communicating true syphilis, I have been able, from circumstances, to be fully well satisfied of, as I have had lately an instance proving the sad effects of contact with this form of sore, which has come under my notice, and which strongly proves the incalculable mischief which the sufferers from such chronic sores can inflict.

A married woman applied at the hospital, and gave the following evidence. She had been married some three years; her husband, who had been industrious and well behaved, admitted that he had diseased her. She was suffering from a copious roseolar rash, severe pains, and profound cachexia, and had a ragged soft sore, and some mucous patches at the vulva. She finally became so prostrated as not to be able to stand, and suffering from most severe cachexia and nocturnal pains.

The husband submitted himself to examination. He had a sore equaling a sixpence in size, non-indurated at the base, but with a red and non-secreting surface of ulceration; he was covered with roseola, and suffered with pains, and had no inguinal enlargements whatever; he admitted that he had connection with No 735, mentioned in the foregoing list of cases (who has had a sore upward of two years), and was infected by her, the sore appearing within one week, and he, in turn, infected his wife.

Thus, a chronic sore with smooth surface and indurated and welty edge, is capable of producing a non-secreting sore on the male, which, in turn, produces a non-indurated one in the female; but all three have copious evidences of syphilitic infection.

In some rare instances of the formation of this chronic sore, as No. 794, doubtless the evidences of constitutional taint are by no means marked, but usually they are distinguishable.

If any proof based on practical observation were wanting, as to the non-existence of the fine-drawn distinctions so written about, between soft secreting but non-infecting sores and the hard non-secreting and infecting, such instances as this are tolerably conclusive.

Here the sore in the male on the prepuce was totally devoid of induration, but was red and non-secreting—without the slightest enlargement of the inguinal glands, while in the wife, the sore was soft, ragged, and pus secreting, and associated with mucous patches, and there was slight enlargements of the inguinal glands. Both husband and wife were thoroughly infected, while the origin of both was a sore of two years' duration, of an indolent non-secreting character, where constitutional signs were evident.

Another instructive instance lately occurred in a man and wife. The man had an indurated sore on the dorsum of the penis of three months duration, yet he was inoculated from it on the abdomen, and had papular squamous rash and pains; he infected his wife, but she got a large ragged sore at the fourchette, with tender, almost suppurating inguinal glands, iritis, alopecia, papular rash, and became profoundly cachectic. Over and over I have tested soft secreting sores by inoculation, yet they were followed by intense constitutional signs; on the other hand, the few instances of indurated sores that occur from time to time, have been characterized by the mildness of the succeeding signs.

The Duality of Venereal Sores.

At the close of an article on this subject in *The Medical Times and Gazette* for December 3d, 1870, Mr. MORGAN, F. R. C. S. etc., gives the following summary:

1. Inoculation from the vaginal secretion produced characteristic pustules and soft sores.
2. Inoculation in syphilitic patients from mucous patches produced characteristic pustules and soft sores.
3. From the products of the inoculation of the vaginal secretion, ditto.
4. From a hard sore, previously irritated, ditto.
5. From the ordinary chancroid, ditto.
6. From suppurating bubo, ditto.
7. From the mucous patches of inherited syphilis, ditto.

The chief point of interest still to be decided is the effect of inoculation from these varied sources on previously untainted patients. Were we once satisfied that the infection of the system modified and brought under the one similitude these inoculated sores, there could be no difficulty in admitting as indubitable what now seems almost "proven"—that there is but the one poison, irrespective of the primary aspect of its manifestation.

As the result of a large experience and careful observation and testing, I would put it thus—In woman, the indurated sore is an extreme rarity; but constitutional evidences are almost invariable.

In women—

1. The ragged, soft, pus-secreting sore at the fourchette or nympha is the most frequent, but constitutional signs are also almost invariable.
2. Suppurating bubo is comparatively rare.
3. Induration of the glands is by no means so marked as in the male.
4. Infection seems frequently to originate in a vaginal discharge (possibly truly a gonorrhœa), this followed by mucous patches, and these herald in constitutional evidences, the occurrence of a sore being often not discoverable.
5. Just as with the male, texture seems to influ-

ence the induration; a sore on the nymphæ may be hard, of an inflammatory type, but true induration is found most frequently on the labium.

In the male, the question may be answered, as put so frequently by patients, "Shall I have secondaries?" If there be induration, I would say, very likely indeed; but if you live carefully, and are otherwise healthy, you may escape, or be very mildly affected. If there be a soft sore or suppurating bubo, I confess, in this country, I might cautiously give a more hopeful prognosis; yet I would by no means go the length which is confidently stated elsewhere, that the patient would be pretty certain to escape. At the same time, if the patient came from the Continent, with a sore contracted there, of the latter description, I am satisfied from experience that I could give then a very much more hopeful anticipation than for one contracted here. This is a point I have frequently noticed, and to which I would request attention; how it is to be explained I am not exactly prepared to say—I suspect, from the continued influence of legislation in restraining the excessive virulence of the disease. If my experience be further supported by others based on practical observation, I think we have in this the strongest evidence in support of the extension of the Contagious Diseases Act, as the great and crying evil inflicted is the effect of the constitutional taint propagating itself in the innocent offspring, and too often, after perhaps years of domestic happiness, by its insidious manifestations and the miseries inflicted, causing the disruption of once happy homes; while the State finds, in the succeeding generation, the loss inflicted, by the sins of the forefathers, filling our unions and asylums with specimens of cachexia and diseased habit. This point cannot be too carefully considered, and would also help to explain the differences in the observations made by Continental observers and writers as to venereal diseases—the too hasty and blind adhesion given to their description of the disease by British and other writers, without a due regard to the form of disease prevalent in the special districts under each writer's observation, having led us into a maze from which we cannot extricate ourselves without the guiding aid of the delicate thread of careful and unbiased testing and accurate practical observation.

Preservation of Vaccine Crusts.

David Stewart, M. D., says, in the *Am. Jour. of Pharmacy:* "Vaccine lymph may be preserved during all the summer months, in any climate, by the following expedient, which I devised several years since: Immerse the crusts in mercury, and keep kage in a cool cellar, or ice-house, or well. No moisture can reach them, although the package is placed beneath the surface of water in the well, or sunk to the bottom thereof. Moreover, they will be dried more thoroughly when deeply imbedded in water, for manifest reasons, and not only protected from insects, but the peculiar animal which forms at their expense (invariably when they are otherwise stored away), and equals them in size ultimately, will not occur. In 1868 I preserved them thus successfully, in my cellar, from the spring until autumn, by attaching a slice of cork to a thread, which facilitates its removal from a tube vial or "test-tube," when forced down and confined by its own elasticity to the lower extremity; this slice of cork I marked with date, etc., and then dropped upon it some melted beeswax, one drop of which is sufficient to attach the crust to one side of the disc of cork which suspends it, clear of the glass at the bottom, under a stratum of mercury which may be subsequently introduced until the tube is filled; but one inch of mercury I prefer, although much less may answer, provided the cork is covered therewith; especially if (by the mouth) the pressure of the atmosphere is partly removed (sucked out) from its surface momentarily, as this is *more* than equivalent to the effect that would otherwise result if even twenty (20) inches of mercury were imposed. In other words, the vaccine is enclosed in a *quasi* Torricellian vacuum; and, moreover, any air on its surface is expanded and escapes above the stratum of mercury. Upon this principle, delicate anatomical preparations may be kept during the summer months in their original perfection, provided eremacausis has not commenced.

Reviews and Book Notices.

NOTES ON BOOKS.

Dr. Bence Jones' "Biography of Michael Farraday" is in the second edition.

Dr. Thomas Mayo, formerly President of the College of Physicians, London, and author of several professional works, of which a treatise "On Medical Testimony and Evidence in Cases of Lunacy, with Essays on Soundness of Mind," is best known, died at Corsham, in Wiltshire, on the 13th of January, in his seventy-first year.

Dr. Sheridan Muspratt, of the Liverpool College of Chemistry, and author of a very popular "Dictionary on Chemistry," and numerous other scientific works of high value, has died in his 50th year. In 1848, he married Miss Susan Cushman, the American actress, who died in 1859.

MEDICAL AND SURGICAL REPORTER.

PHILADELPHIA, MARCH 18, 1871.

S. W. BUTLER, M. D., D. G. BRINTON, M. D., Editors.

☞ Medical Society and Clinical Reports, Notes and Observations, Foreign and Domestic Correspondence, News, etc., etc., of general medical interest, are respectfully solicited.

Articles of special importance, such especially as require original experimental research, analysis, or observation, will be liberally paid for.

☞ To insure publication, articles must be *practical, brief* as possible to do justice to the subject, and *carefully prepared*, so as to require little revision.

We particularly value the practical experience of country practitioners, many of whom possess a fund of information that rightfully belongs to the profession.

The Proprietor and Editors disclaim all responsibility for statements made over the names of correspondents.

PUBLIC BUILDINGS IN CITIES.

Last June, when the question of the location of the public buildings in this city was attracting notice, we called attention to the impropriety of employing for their sites any of the squares which the wisdom of the founder had designed as places of recreation and for the health of the inhabitants. But wisdom, as of old, cries aloud in the streets, and there is no man to heed her.

The commissioners have destroyed one of the most beautiful of our squares, and propose to fill it up with an immense mass of stone and mortar. One of them, however, recognizes how short-sighted such policy is, both as regards architectural beauty and public comfort. Mr. THEODORE CUYLER'S project, that the buildings should be erected on a lot facing the square, instead of the square itself, and that this latter should be reserved as a handsomely ornamented open plaza, must recommend itself to all as a most admirable suggestion.

The advantages of retaining open spaces in large and crowded cities, are as great and as manifest as the benefits of wide streets. The constant deterioration of human life in crowded cities is owing in chief to impurities in the respiratory medium. These should be avoided by facilitating the free circulation of the air, and the removal of noxious smokes, etc.

The economy which would narrow the streets and build up the squares, saves ground at the expense of life, and sooner or later is proven injudicious by the rapid spread of pestilence and an increasing mortality rate.

These truths, so unquestionable and so familiar, are constantly neglected in the deliberations of politicians and the schemes of contractors. An awakened public sentiment should enforce their respect.

Notes and Comments.

Ohio and Kentucky State Medical Societies.

The Ohio and Kentucky State Medical Societies will both meet on the 4th of April. The former at Cincinnati and the latter at Covington, Kentucky. A large attendance is requested and expected, as there will be many subjects of interest brought before each society. After the business of the societies have been completed there will be an interchange of courtesies, and a pleasant time is anticipated. We shall give our readers, through THE REPORTER, the proceedings of each society as soon as they can be obtained.

Medical Associations in Alabama.

Drs. FRANK A. ROSS and JEROME COCHRAN, of Mobile, President and Secretary of the Alabama State Medical Association, issued a call for a meeting this month, in Mobile, for the purpose of reorganization. We are rejoiced to see this move, and hope it will be responded to liberally by the profession throughout the State.

We observe that on February 11th an invitation was published to the physicians of Clarke county, Alabama, to meet at Grove Hill, on the 27th of that month, for the purpose of organizing a county medical society. Among the signers we observe the name of our friend and valued correspondent, Dr. W. STUMP FORWOOD, who lately left this city to take up his residence in that State.

Poor Fooling.

We regret to see in the "*Northern Independent*," (Auburn, N. Y.,) a paper devoted to temperance and "a bold advocacy of all the issues of the age," a poor attempt to satirize the actions of the association of superintendents of inebriate asylums, whose earnest endeavors to remedy the evils of drunkenness deserve our warmest commendations.

The narrow and bigoted views which pass condemnation on every inherited vice, deserve reprobation in this age, and are blind to the best established facts of medicine. Religious and temperance journals should be the very last to cast slurs upon this excellent movement.

A Race of Giants.

The *Scientific American* thus describes the appearance of Col. Goshen, of Algonquin, Illinois:

He is the fifteenth, and last child (the baby) of a family of fifteen—ten sons and five daughters—sired by a patriarch now 96 years old, living in the valley of Damascus, and by occupation a coffee planter. This venerable sire weighs, at the present time, 520 pounds avoirdupois, and his wife, aged 67, weighs 560 pounds.

The entire family are living, and not one of them weighs less than 500 pounds. The oldest son weighs 630 pounds, and the youngest, our huge client, outstripping them all, weighs 650 pounds. Not one of the family is less than 7 feet in height, and the colonel is a stripling of only 7 feet 8 inches in his stockings. He is not an unduly fat man, is merely what would be called moderately portly, and is 33 years old.

MEDICAL COLLEGE COMMENCEMENTS.

College of Physicians and Surgeons.

SIXTY-FOURTH ANNUAL COMMENCEMENT.

The 64th annual Commencement of the College of Physicians and Surgeons, being the Medical Department of Columbia College, was held in New York, March 1st. The hall was filled with the friends of the graduates and of the Institution. The platform was occupied by the Faculty of the Institution and a large number of the physicians of the Metropolis. The degree of Doctor of Medicine was conferred by President Delafield on the 85 members of the Graduating Class. Prof. Dalton then awarded the first prize for graduating theses to F. P. Kinnicutt, A. B., of Massachusetts, for an essay on Pulmonary Consumption, and the second prize to John O. Roe, M. D., of Patchogue, L. I., for a thesis on the "Dynamics of Life." Honorable mention was made of the following theses: "Coma—its Causes and Effect," by Hugo Kneuletler; "Plaster of Paris as a Surgical Dressing," by G. A. Van Wagenen; "Belladonna as a Physiological Antidote to Opium," by M. D. Mann; "Puerperal Eclampsia," by E. A. Goodridge; and "Progressive Muscular Atrophy," by R. C. Brandois.

CHARLTON T. LEWIS then delivered the address to the graduates. He said that he addressed the newly-created physicians in the name of the general public—the outside barbarians who have never taken the oath of Hippocrates. "At the risk of saying a foolish thing, I propose to argue that there ought to be no such thing as a high wall—on which I stand—around the profession of Medicine, to plead in behalf of the people at large who want to get nearer to you and know more about your business; in short, to make some suggestions upon the exaggerations of the professional spirit in scientific medicine. For we think there is a tendency in your schools to bar us out. You, gentlemen, are made physicians to-day, and physician means "student of nature." It is a great name, a symbol of all that is successful and glorious in the history of mind. But it is a comprehensive name, too; and a medical practitioner, who is really a physician, may be said, in the words of Bacon, to have taken all knowledge for his province. In ancient times the healing art was rendered mysterious, and an effort made to keep it apart from that of the world. This policy did not always succeed, but in spite of its partial failure let me candidly ask you whether tradition has not preserved some traces of it in the profession? To the unregulated mind of an outside observer it seems so.

They result from the fact that your science is made up of infinite details, and that the close study of detailed knowledge tends to crowd broad results out of the mind, and even to produce a contempt for them. This professional reticence is therefore natural, and, in fact, unavoidable, but I want to show you that it is one of those limitations of your science which is to be struggled against, not fostered. When we meet an engineer, an inventor, a naturalist, we find him eager to tell us all he can of his art. The foremost of these men stand in popular lecture-rooms, giving the broad outlines of their knowledge to the public. Your mystery is the only one on which a popular lecture is unheard of, and would be monstrous. It is the least communicative, and the least in contact with the public opinon of all the professions. Is it said that any attempt to spread medical knowledge abroad would be but to multiply quackery, and lead incompetent men rashly to practice on themselves and others that vague half-knowledge, which is the worst form of ignorance? I answer that it is ignorance that is your obstacle now; it is ignorance that makes the vulgar mind run to quacks and pretenders, and distrust true science; and is your remedy to be more ignorance? To cure darkness by excluding light—to cure folly by shutting out wisdom, is a shining instance of homœopathic practice. [Laughter.] The same atmosphere of professional exclusiveness once surrounded all learning, but it has now passed away from most branches. The better any science is known to the public mind, the more that mind confides in the real matters of the science.

If I might assume to advise the humblest youth entering on the struggle for a livelihood by the healing art, concluded the speaker, I would say to him, select at once some subject of inquiry in your profession which interests you, and which the ablest teachers have not made clear to you, and carry it with you night and day. Make yourself a specialist in some thing, however small, but link your specialty on all sides with the broader aims and work of your life.

At the conclusion of Mr. Lewis's address, the valedictory address was pronounced by Edwin A. Goodridge, A. M., M. D., of Flushing, L. I., a member of the Graduating Class.

Bellevue Hospital Medical College.

TENTH ANNUAL COMMENCEMENT—ADDRESS BY OLIVER WENDELL HOLMES.

The tenth annual Commencement of the Bellevue Hospital Medical College was held at the Academy of Music, New York, March 2d. The house was densely crowded with persons interested in the graduating class, which numbers 134, and in the Institution. After a prayer by the chaplain of the college, the Rev. Alfred B. Beach, D. D., the degree of Doctor of Medicine was conferred upon the graduates by Prof. I. E. Taylor, M. D., President of the Faculty. Prof. Austin Flint then announced the result of the competition for the prizes offered by Profs. Mott and Wood of the Faculty. For the Mott prize—a complete case of surgical instruments—two essays had been prepared, the Committee decided in favor of that written by Dr. Thomas K. Bruce. Of the Wood Prizes only the second was contended for, and it was awarded to Dr. Horace

P. Bidwell. The essays in each instance were upon the best preparations relating to surgical anatomy.

The address to the graduates was then delivered by O. W. Holmes. He said: Let me give you a few hints how to get patients and how to keep them, at this most receptive moment. You are now fresh from the lecture-room, and can pass examinations on matters in which your seniors in the profession would find it difficult to compete. Hard work will train this superfluity of knowledge off you, as the fat is trained off a prize-fighter. There are many things we can afford to forget which it is yet well to learn, and the knowledge of to-day finds a soil in the forgotten facts of yesterday. Your diploma seems very long to-night, but it begins to shrink from this hour. Your present plethora of acquirement will soon cure itself. Yet your education has been largely practical, and it is the advantage of great cities that in the hospitals you see many kinds of disease and many specimens of the same kind.

Though you have not learned all the mysteries of the art, I would rather have the least skilled among you to attend me through a fever than any of the medical worthies of former ages. You will not accuse me of underrating your accomplishments. You know what to do for an alderman in an apoplexy and for a woman in a fainting fit. Indeed, you know so much that only the certain test of time can teach you the limitations of your knowledge. Our training has two stages—in the first, nothing is difficult, everything being as simple as playing on Hamlet's pipe. Then there is the second stage when one has to try a thousand times before the thing can be done right. See how a skillful physician sets a limb, or how an old physician smiles away an apparently serious case, and you will find you have something still to learn. The young physician is uneasy unless he is always giving something to interfere with his patient's internal arrangements; the old one takes matters more calmly, and is content to let well enough alone. Still it is the young who promote liberal ideas. The first whispers of truth not being first heard by those who have begun to feel the need of an ear trumpet.

With regard to patients it may be said that those who seek the aid of physicians are very sincere in their desire to be rid of their ailments, and are much attached to this planet as a place of residence. They are willing to undergo everything in the way of treatment—what more can be asked of them to prove their honesty? I do not know that the community here is more ignorant of medical science than the English of whom Huxley said that even the educated classes were profoundly ignorant of the laws of animal life. But if people only knew their own ignorance, the practitioner would have an easier time of it. This ignorance has always prevailed, and even Bacon and Berkley put faith in the most absurd prescriptions. To gain confidence you must possess all those qualities necessary to make you the intimate friend of your patient's family. Very likely to interfere with sound talents is a fondness for grandiose generalization. I also warn you against all ambitious aspirations outside of your profession. Do not dabble in the muddy sewer of politics! The great practitioners concentrate all their powers on their business. To get practice, you must really want it. Were you in the spasm of an ode, would you like to be called to a teething infant, or to an ancient person afflicted with lumbago? The community very soon finds out whether you are in earnest, or a mere diploma-dilettante.

As to personal habits, temperance is necessary. There have been too many tippling doctors. Need I remind you of the importance of punctuality? If you call too early on my lady, her hair may not be smooth; if you stay too late, her hair may be smooth, but her temper may be otherwise. Your face, too, like a diplomatist's, may be impenetrable. Your patient has no more right to all you know than to all the medicine in your saddle-bags, if you carry them. Above all, in the sick chamber, keep your doubts to yourself. If your patient discharges you, do not take it as an affront. You have no property in him. I was once called to a lady, who, in the preliminary word-skirmish, informed me that I was the twenty-sixth medical adviser in whose arms she had professionally thrown herself. I immediately declined the responsibility in favor of the twenty-seventh! Your relations with your brother practitioners may be a source of pleasure or the reverse, but if the brilliancy of your neighbor's reputation attracts you, do not dash your fist through his window.

Dr. Holmes, whose remarks were emphasized by the frequent laughter and applause of the large audience, concluded his address by a touching tribute to a recently deceased member of the Faculty, Prof. George D. Elliott, and a word of praise for his successor, Prof. W. D. Lusk, quoting, as a farewell, the Latin exhortation of the students' diplomas.

The valedictory was then pronounced by Dr. Edward S. Bunher, of the Graduating Class. The stage was crowded by a large number of the medical profession, and the literary exercises were relieved by music by an excellent orchestra under the leadership of Carl Bergmann.

The Commencement of the Medical Department of New York University,

for the present year, was held in Association Hall on the evening of February 21st.

After the address of the Chancellor, the prizes were awarded as follows:

Mott gold-medal for anatomical preparation—M. Fernandez, West Indies; Mott silver-medal for anatomical preparation—A. K. Baldwin, New Jersey; Budd prize for examination in obstetrics—M. B. Sizer, New York; Loomis clinical prize—T. S. Sumner, Alabama; Thompson clinical prize—E. C. Cooper, New York; Roosa clinical prize—Hee Tien Siam.

Professor JOHN C. DRAPER delivered the address to the class. He welcomed them to the domain of medicine, but warned them of the many difficulties which would have to be grappled with and overcome. He called their attention to the discoveries of men eminent in medical science, and to the fact that they were the result of patient and laborious study; and advised that in their reading they be thorough rather than diffuse, but to relieve it by lighter literature.

All healthy progress is slow in medicine as elsewhere, and for this reason they must have courage to await the results of practice.

SIR ASTLEY COOPER in his first year made five guineas from his practice, and in his fifth year but a

hundred, yet in time he attained the princely income of £20,000. The professor continued at length, giving wholesome advice during different stages of practice, and at the close the valedictorian, Dr. E. F. PRESTON, of Brooklyn, replied on behalf of the class.

The class numbered 90. Syria, Siam and Turkey, each sending a representative.

Iowa Medical College.

The Commencement Exercises of the Twenty-fourth Session of the College of Physicians and Surgeons took place at the College Hall, February 23d. The occasion was one of special interest.

The session which has just closed has been one of the most satisfactory and successful ones in the history of the institution. The Class has been unusually large, and the members of the Faculty have been united in their efforts to advance the students as rapidly as possible in the science of medicine.

The valedictory by Professor CLEAVER was an able production, and was delivered in a clear and comprehensive manner. He dwelt at considerable length upon the advancement that has been made in the medical as well as in other branches of science; urged upon the class the importance of a singleness of purpose; detailed the hardships as well as the responsibilities of the profession, and closed with kindly admonitions to those upon whom the Degrees of Medicine had been conferred.

There were 32 graduates, and two Honorary Degrees were conferred.

Dr. Schoeppe Resigns his Claims to the Stinnecke Estate.

A Carlisle, Pa., dispatch says: Dr. Schœppe has lately resigned all his claims upon the estate of the late Miss Stinnecke, arising from a will which this lady had left in his favor, for benevolent and charitable purposes. It disposes of the total amount of her property, which is valued at $75,000, in the following manner:

$6,000 to the German Lutheran Church of Carlisle, Pa.

$30,000 for the erection of a hospital within the borough of Carlisle for poor sick persons of Cumberland county and of the State of Pennsylvania.

$25,000, the interest thereof endowed as salary for a resident physician of the hospital erected by the sum above mentioned.

$14,000, the interest thereof to be expended for hospital purposes, according to the disposition of the board of managers of the said hospital, with the proviso that any surplus of the interest of these $14,000 which has not been used for hospital purposes be invested in defraying the expenses of the medical education of a young man of Cumberland county, of respectable family and good character, who shall receive the first practical rudiments of his medical education in the hospital above mentioned and through the resident physician of the hospital.

Geology and Health.

At the late meeting of the British Association, at Liverpool, Dr. MOFFAT read an interesting paper, showing that the soil has an influence on the composition of the cereal plants grown upon it, and on the diseases to which the inhabitants are subject. The district in which he practices consists geologically of the carboniferous, and of the new red or Cheshire sandstone systems. The inhabitants of the first are engaged chiefly in mining, of the second in agriculture. Anæmia, with goitre, is very prevalent among those living on the carboniferous system, but is almost unknown among those residing on the new red sandstone. An analysis of the soil, and of the wheat grown shows a predominance of iron and of phosphate in the latter region, and to the deficiency of these substances in the carboniferous districts he ascribes the great liability to anæmia, which is a condition in which there is a want of the amount of oxide of iron naturally contained in the blood. Dr. BUCHANAN, in commenting on the subject, said that the fact had been established that dampness of the soil is a powerful cause of consumption, and in several localities the drying of the soil has greatly reduced the mortality from this disease.

NEWS AND MISCELLANY.

REUNION.

Order of Æsculapius, New York.

On Monday eve., Feb. 27th, 1871, the Order of Æsculapius, No. 1, in connection with Bellevue Hospital Medical College, New York, held their Seventh Annual Reunion in the lecture room of the College, foot of 26th street, East River. The exercises were commenced by a grand march, piano, from Meyerbeer, by Mr. Walter R. Johnston, during which the officers of the Order and Faculty of the College entered arm in arm. After the invocation was pronounced by the chaplain, Rev. ALF. B. BEACH, D. D., the President, Dr. ED. C. HARWOOD, arose and said:

LADIES AND GENTLEMEN AND FELLOWS OF THE ORDER OF ÆSCULAPIUS: Time, "remorseless time, fierce spirit of the glass and scythe," that knows no weight of sleep or weariness, stalks on in her triumphant, unremitting march; and since we were last assembled another year has rolled into the deep abyss of the past, and the moonlight of another reunion evening has risen upon us. Again we find ourselves surrounded by a large and intelligent audience, with an enchanting array of female beauty, convened from the best circles of our proud metropolis. Many of our former Fellows have left distant fields of professional labor, to join in this annual festival, thus renewing the ties of friendly

intercourse, and again briefly live over the happy days of college life. Under these circumstances it now becomes my happy privilege to extend to one and all a respectful and grateful welcome to this our seventh annual reunion. Around the altar of friendship do we thus yearly assemble, and bring our votive incense to that temple which our predecessors founded on the firm basis of science and truth. Supported by the wisdom of our Faculty, the energy of our intelligent young practitioners and advanced students in medicine, who are ardent and zealous in the advancement of our science, and do most deeply deplore the prejudice that retards its progress. As a society we design to uphold the dignity, and to encourage the legitimate exercise of our profession, the aim of which is to extinguish the false light of empiricism, and to substitute a steady beacon on the solid, permanent basis of truth and science; at the same time to present the extension of the practical mischief of that ignorance which has been our object to enlighten, and allow none to pass the portals of our temple, excepting those who may be justly considered physicians in reality as well as in name. During the short time that our order has existed, we have gained an honorable distinction throughout the length and breadth of our land; and our influence for good upon the cause of medical education is now felt beyond our national boundaries. Having access to the large hospital under the charge of the Commissioners of Public Charities and Correction, we justly appreciate them as advantages that are nowhere else, to such a vast extent, afforded to the students of the human system; but notwithstanding such facilities, we desire to perfect the design of our society library, which has yet to be furnished with many valuable works for reference that are beyond the reach of most students and many old established practitioners, on account of their great pecuniary value. We would call the attention of our alumni to this subject, and urge upon them the propriety of establishing a *Library Fund.* Also in this connection allow me to suggest the propriety of inaugurating a plan to establish a monthly paper, to be called "The Journal of the Order of Æsculapius," in which should appear the proceedings of our weekly meetings, and the valuable clinical reports of our members who are now scattered in various parts of our vast continent. If, perchance, any should consider these suggestions impracticable, on account of our comparative youth as an organization, let me remind them that we do not endorse the idea which is prevalent in many communities, that young men are unfit for doctors, generals, or statesmen, and that they must be left in the back-ground until their physical strength is impaired with age, and their intellect blunted with years. Look to the history of the past, and from the long lists of physicians surgeons, heroes and statesmen who have nobly distinguished themselves, we will find that they were young men who performed those acts which have won for them an imperishable meed of fame, and which placed their names on the pages of history. The late lamented Dr. Valentine Mott, whose name is a household word in all civilized countries, was but twenty-four years of age when elected to the professorship of surgery in his own Alma Mater. Alexander, the conqueror of the whole world, died at thirty-three years of age. Bonaparte was crowned Emperor of France when thirty-three. Our own Washington was but twenty-five when he covered the retreat of the British at Braddock's defeat, and was made Commander-in-Chief of all the Virginia forces. Alexander Hamilton, at twenty, was a lieutenant colonel. Thomas Jefferson was but twenty-three when he drafted the ever-memorable Declaration of Independence. Coming down to the present day, we find Dr. W. J. Lusk, a fellow alumnus, at the age of thirty, filling a professorship in two different medical colleges, and of late has been elected to fill the place in Bellevue Hospital made vacant by the death of our late lamented Honorary Fellow, Professor George T. Elliott, whose charming eloquence was listened to on our last anniversary occasion by many who are now within the reach of my voice. Death, although the common lot of all, sad in any walk of life, deplorable when invading the fields of usefulness and our own circle. Professor Elliott was one of the first elected to honorary membership in our Order, and during the whole period of his life was ardent and zealous in his endeavor to advance its interests; when called upon to fill any position on our programme, he never failed to comply with the solicitations of our committee. He was a man of powerful intellect, the friend and eulogist of our society; the scholar, the gentleman, and the teacher, the pride of the student, the profession, and his native city; of unwearied public spiritedness, venerable for his useful life, and entitled to the gratitude of the profession and public for his exertions to diffuse the benefits of our science, and raise its disciples to that station to which its liberal studies entitled it. In the palace of the rich, the hovels of the poor, and within the walls of our own hospital, he was one to attend all with conscientious care.

> With gifts of science and skill,
> To turn away each threatened ill,
> To watch beside the bed with tender care,
> With earnest sympathy each grief to share;
> And from the couch of languishing and pain,
> Raise the patient to the joys of health again.

But alas! he has paid the debt of nature, and has gone to fathom the mysteries of another world. His good deeds and imperishable name are recorded upon the table of fame. No more shall the midnight bell summon him from his slumber to sooth the anguish of pain. Let us all remember that "The generation of men are like the waves of the sea." In quick succession they follow each other to the coast of death. Another and another still succeed and presses on the shore, then ebbs and dies, to give place to the following wave. Thus are we wafted forward, now buoyed perhaps by hope, now sinking in despair; rising on the tide of prosperity, or overwhelmed with the billows of misfortune. Sometimes, when least expected, the storms gather, the winds arise, and "life's frail bubble bursts." Be cautious then, nor trust the cloudless skies, to placid seas, or sleeping winds. Forget not there are hidden rocks; guard, too, against the sudden blast Be faith your pilot and you will be safely guided to the haven of eternal bliss. As the time has now arrived, my fellows, when I am to retire from the office with which I have for three years been honored, I am desirous of leaving with you my best wishes and best counsel. As President of this order I have endeavored, to the best of my ability, to preside with impartiality over your interesting and profitable deliberations. To vindicate the principles of our Institution, and while inculcating upon our members a regard to its duties, to impress the profession at large with a favorable opinion of its design and tendency. You have expressed in the most flattering terms your acknowledgment of my fidelity and your appreciation of my zeal. To have acquitted myself in any degree to your satisfaction, in my official capacity, and in my public vindication of the society, is a circumstance upon which I shall reflect with grateful sensibility so long as I live. My particular thanks are due to my associates in the executive board, and the members of the society at large, for the honor they have distinguished me with. In surrendering the emblem of authority to my successor in office, it will be done with the firm conviction that the interests of the order, under his direction, will be looked after as zealously in the future as they have been in the past. My association with Dr. McWhinnie has brought us together at the banquet, the bedside of the sufferer in the hospital, and at the residence of the private patient in affluent circumstances. Be assured that he is distinguished with most commendable characteristics; his motto is, "Do nothing but what is right, and submit to noting that is wrong." He is anward in duty, unflinching in the hour of danger, and unyielding in the work assigned him. When he puts his shoulder to the wheel a movement of the supercumbent weight is bound in the place. Now, my fellows, in conclusion, remember that unity is the golden chain which binds together our willing hearts and holds together our happy society; the principle on which dependeth internal harmony and its outward prosperity. May its links never be broken. May our example and conduct in life prove a high recommendation and fair illustration of our principles, and reflect the brightest honor upon our character and profession. Finally, brethren, farewell, accept the best wishes, as you share in the best affections, of my heart. The special relation in which I have stood to you will with this evening cease, but the gratitude arising from it will ever remain.

After the applause which followed the address had subsided, Madame Alfred sang an aria, "Come, Bells," by Donnizetti, in a style which evinced fine culture and rare musical talent.

The Hon. John R. Brady delivered the Honorary Address, which was a rare gem of racy wit, anecdote and poetic story, keeping the audience in a continuous grin.

The next feature in the programme was the installation of officers for the ensuing year, as follows:

President.—J. Wallace MacWhinnie, M. D.
1st Vice President.—John Kinkead.
2d Vice President.—Robert Taylor.
Recording Secretary.—Geo. F. Bates.
Corresponding Secretary.—H. G. Bidwell.
Treasurer.—Charles E. Bruce.

After the officers were duly installed, the President elect, Dr. MacWhinnie, delivered his inaugural address as follows:

DR. McWHINNIE'S ADDRESS.

LADIES AND GENTLEMEN: 'Twas just one year ago I had the honor of functionating as a High Priest of Oratory upon this rostrum, amid very different circumstances and surroundings, however, from those which now obtain. Then the reign of terror had commenced, and a final examination hung over my devoted head like the sword of Damocles—a position of affairs that those of you who are upon the anxious seat can fully appreciate. The dreaded weapon descended, not to cleave my much exercised imagination, but, like the wave of the magician's wand, to dispel the mists and doubts and fears which shrouded the coveted culmination of all my mental labors, disclosing my tiny bark securely launched upon the troubled, tempestuous sea of pills and calomels—enabling me to cry out in borrowed phraseology, "Now is the winter of my discontent made glorious summer by a happy issue out of troublous times, my stern alarums changed to merry greeting, and all the clouds that lowered upon my life in the deep bosom of the past buried, forgot." *Now* with a flourish of trumpets and burst of rhetoric that only my illustrious friend and predecessor could at all do justice to, I am again ushered upon the scene as President of the noble Order of Æsculapius.

'Tis generally supposed the blarney-stone is only to be found in the green isle of Erin, and is eminently Irish; but methinks its twin element has lately been discovered amid the green mountains of Vermont, the exact locality thereof not altogether unknown to Vermont's verdant son, from whose mouth hath just proceeded a saponaceous flow that throws the best efforts of the far-famed Pennsylvania oil wells wholly in the shade. The process of soft-soaping to which I have been subjected, in view of a native diffidence of manner and disposition of which I am the unfortunate possessor, makes the task of addressing you difficult. But I would not that a hill of difficulty should rear itself into a mountain of impossibility; yet am I in a strait betwixt two, and what I do I wot not. If I say anything to the Class of '71, I will be encroaching upon the peculiar province of the gentleman whose duty it is to respond to that sentiment; and if I sound the praises of the O. Æ., I will be caught poaching upon the domain of my noble Duke, Burchard by name; so that, between Scylla and Charybdis, I am in much danger of being swamped in the maelstrom of a sermon without a text, in which case my congregation have my deepest sympathy.

Some of those before me are but beginning to wade in the brooklets of medicine, and are making mud-pies upon the banks; others, venturing upon deeper water, are paddling their canoes upon its streams; while not a few are about to launch their full-rigged ships upon the broad expanse of an uncertain, turbulent, therapeutic ocean—an ocean bounded by potters' fields, country churchyards and city cemeteries, whose green mounds and cold gray pillars raise their heads in constant warning, proclaiming man's mortality and the end of medical effort.

No doubt the voyage is commenced with feelings warm and prospects high; but do not flatter yourselves that all will be plain sailing. You will encounter the trade winds of success and adversity, dark, heaving storms and fretful calms; unfavorable weather may tend to drive you upon the shoals and quicksands of quackery; legal sharks may beset your course with open maw, to swallow each advantage; but keeping your decks well cleared for actions in mal-practice, your helm well down, take for your guiding-star Industry, Honesty and Truth; thus will you be enabled to safely ride the crested billows of misfortune, and securely anchor in the calm haven of a clear conscience and contented mind. If, however, you attempt to sail your bark on the principle that the world *owes* you a living, with folded arms and sleepy eye, Micawber like, lazily scanning the horizon, ever expecting something to turn up, my word for it the cold chill winds of December will find plenty of rents in your rigging, through which to whistle the dirge of a profitless existence.

On the other hand, haste to get rich, the greed of gain may induce you to cruise upon forbidden waters; yea, even to join the squadron of that pirate crew who prey upon the credulity of a gullable public, whose God is their belly, and whose glory is in their shame. If such be the case, do not mask your guns, and so steal upon your victim in guise of honest craft; hang out the black flag, with its skull and cross-bones at once; display it upon every rock and fence; drive tandem; write for the newspapers; go in for one country, one destiny, one Beecher; run for President, if you will, but for God's sake do not seek to cloak your misdeeds under cover of a diploma from a respectable medical college, thus, assassin-like, foully stabbing the mother which nourished and cherished you, your *Alma Mater*.

Life is a strange anomaly, but death is a deeper mystery—with both none are brought into more intimate relation than the medical man; his life is one varying scene, but a single stride divides the glittering drawing-room, with its tinsel and gas jets, from the sky-parlor of the tenement-house, where the flickering rays of a penny dip but deepens the gloom around; yet in both conditions disease and death will be the same. The fascinations of voluptuous music and the mazy dance will oft be exchanged for the bedside of the dying—perchance a little sufferer upon whose brow a fond parent has placed encircling wreaths of earthly honor alas, soon to wither and decay in the cold, dark future. Have any entered lightly on the course? If so, I would ask you to ponder well before you take the hazard of a life. In no condition can a man be a greater blessing or a greater curse.

"A wise physician, skill'd our wounds to heal,
Is more than armies for the common weal."

With a just appreciation of your duties, your responsibilities, so live that when thy summons comes to join the innumerable caravan that moves to the mysterious realm, where each shall take his chamber in the halls of death, thou go not, like the quarry slave at night, scourged to thy dungeon.

Little did I think, while enjoying myself at this festive board last year, that another reunion evening would find me chanting the requiem of any of our number. But such is life. Although living in an hospital, brought into daily, nay, hourly contact with disease, and oft times death, yet never did I so fully appreciate the narrowness of that isthmus that separates the living from the dead, as when standing beside the bier of our late honorary fellow, Prof. George T. Elliott, gazing upon the ruined walls of what where ambition's airy halls, the dome of thought, the palace of the soul, and I could not help exclaiming, "Where now are all our boasted drugs, our well crammed magazines of health, that even the mighty masters of the healing art succumb to the icy touch of Father Time's boon companion, Death?" Never did I so feel the insignificance of man in the hands of that Divinity that shapes our ends, rough-hew them as we may.

Death is a theme that hath but little pleasure in it, and although this matter has already been alluded to, yet would I be doing violence to my own feelings were I to withhold my meed of praise, my tear of sympathy, to the memory of one whom in life I delighted in and whose death I deplore now calmly, peacefully sleeping amid the solitude of Woodlawn Cemetery, until the loud sound of Gabriel's brazen trump shall again awaken to life, light and liberty.

In assuming the mastery of this feast of reason and flow of love, and the Presidency of the noble Order of Æsculapius, I appreciate the honor conferred, and am not wholly oblivious to the duties and responsibilities of the position to which my brother Fellows of the O. Æ. have elected me. I trust the mantle of my predecessor, in descending upon my shoulders, will lose none of its efficacy. Enough to say, my every effort, and what ability God has given me, will be wielded to increase its influence and extend its usefulness. Excelsior shall be our watchword; and with the assistance of both officers and Fellows, I hope that as its past history has been honorable, its future history may be glorious.

It is now my duty to announce the remaining courses of the feast: You already have had chicken soup by the retiring President; fish, with medico; loyal sauce by the illustrious Judge Brady; but for the life of me, I cannot tell you what particular kind of fish it was, but will venture the opinion that it did not belong to the shark species. Next Professor Wood will serve the roast, gotten up in a style peculiar to himself, after which, by way of variety, Professor McCready will hold forth on behalf of the Faculty. Messrs. Bailey and Burchard will furnish the entrees—and last, but not least, Prof. Doremus will put in an appearance, with dessert for the ladies—candies, sweetmeats, and boquets, highly perfumed with sulphuretted hydrogen and other sweet-smelling gases, after having done ample justice to which, we will wish you all good night and pleasant dreams.

The doctor's address was heartily applauded throughout, and was followed by a duet, "Master and Pupil," by Mad. Alfred and Mr. C. Anderson.

"Our *Alma Mater*" was feelingly responded to by Prof. James R. Wood, M. D., LL. D.

The piano solo, "Eligy of Tears," by Mr. Walter R. Johnston, was rendered in a highly artistic and creditable manner.

"The Class of '71" was responded to by Matt. I. Bailey, M. D., in suitable terms, followed by a song, "The Return," by Mad. Alfred, which was heartily encored.

"The O. Æ." called up Mr. T. Henry Burchard, who, after an introductory flourish of trumpets, explaining the objects of the society, said: No organization was ever instituted for better purposes: first, by mutual criticism and debate upon medical topics would we qualify

ourselves to assume the responsibilities devolving upon intelligent and scientific practitioners. The speaker pleaded for a higher professional scholarship. A Cincinnatus or a Putnam may have been taken from their plow, or a Greene from his forge, and right nobly may they have fought to secure national independence, but he maintained that a man fresh from the workshop or the farm, be he ever so naturally endowed, without previous mental discipline, is unqualified even to enter upon the study much less, as too often is the case, upon the practice of the healing art. The interests were too sacred, the responsibilities too momentous for one ignorant of the fundamental principles of science to assume, when the stake is one of human life. Farther than this: the Society aims to develop the higher elements, the *social* of our nature. In referring to our late honorary member, Prof. Geo. T. Elliott, the speaker said:

" But e'en while the notes of our triumph are swelling,
And mirth claims the hour for rejoicing and song,
A shadow steals o'er us that sadly is telling
Of one who is gone from this festival throng;
But we ne'er let the name once engraved on our altar,
Grow dim with the shadows that time doth impart,
For once have we trained with our hands that ne'er falter,
The wreath of our brotherhood round every heart.
Then, Elliott, sleep on, till the bright star of glory
Shall burst o'er thy tomb and bid thee arise,
When angels and loved ones who've gone on before thee,
Shall welcome thee there to thy home in the skies."

But the hour of parting has come, and to our companions of pleasant hours, spent in the fellowship of our mystic order, must we now bid a sad but final farewell. After the speaker had concluded, Mr. C. Anderson sang the comic song, " The Merrie Little Fat Gray Man." Which being loudly encored, was followed by chanting the obituary of the late lamented Lord Lovell. On a second encore, Mr. Anderson favored the audience with a synopsis of " Mrs. Watkins' Evening Party."

" The Ladies" was responded to by Prof. R. Ogden Doremus, M. D., a gentleman whose literary acquirements and fluency of speech has given him a place among the favorite lecturers of the city.

The entertainment appropriately concluded by the singing of " Those Evening Bells," by Mad. Alfred, Mr. C. Anderson and Mr. F. Crane. O. Æ.

Complimentary resolutions acknowledging the services rendered by the President, Dr. E. C. HARWOOD, whose unceasing labors and endeavors to advance the interests of the Society are highly appreciated by the members, were unanimously adopted.

QUERIES AND REPLIES.

Impotence.

In REPORTER No. 7, vol. xxiv., page 156, under Impotence, query by Dr. W., of Pa. Here is my prescription for the man: R. Knock off "four glasses of whisky" and "six segars" daily, and substitute two plates of oysters for the whisky and 3 1-16 grain doses strychnia for the segars. Continue habits of regularity, and recover virile power. C.

Uterine Hemorrhage.

Dr. H. H. F.—Solution persulphate iron can be given in uterine hemorrhage, five to fifteen drops largely diluted, every fifteen minutes. I have found it satisfactory. Prefer, however, dram doses of fluid extract ergot, or the following:

R. Acidi gallici, grs. xxv.
Acidi sulph. arom., min. xx.
Tinct. cinnamomi, fl. dr. ij.
Aquæ dist., q. s., ad. fl. oz. ss.
For one dose, with water.

Oil of erigeron is highly recommended.

The above recipe, of T. Hawkes Tanner, I got from Napheys' Bulletin, published in THE REPORTER. See highly interesting article on Ergot in Ante-Partum Hemorrhage, published in THE REPORTER not long since. W. J. C.

Answer to "L."

We have received a letter from the physician alluded to by "L." in the "Queries and Replies" of February 18th. He says that the extract quoted might give rise to a grave misapprehension. The report was made to the Homœopathic Society entirely without his knowledge. In answer to the query propounded, he states that there has been no fraternization whatever. He has simply waited upon persons in the institution referred to, desiring his services, as any physician might visit patients in large boarding houses, schools, etc., in which, at the same time, a homœopathic practitioner might be in attendance upon others.

Bunions.

What is the best treatment for a bunion on the metatarsal joint of the right great toe?

The first attack occurred six years since, the joint being greatly swollen and inflamed, confining the gentleman to his bed five weeks. He has had three or four attacks since.

Key on Bunion, Guy's Hospital Report, vol. i., and Fergusson's Practical Surgery, p. 252, are referred to for information, but I have not the works. W. J. C.

Catarrh

Dr W. A. T., Texas.—The case is probably catarrh. Use in any nasal douche a solution containing half ounce salt to one quart of water, and after a short time alternate with a weak solution of permanganate potash. W. J. C.

Postage.

Dr. S. A. B., Ohio.—We do not prepay postage on THE REPORTER.

Veterinary Medicine and Surgery.

Several Inquirers.—We recommend Morton's *Veterinary Pharmacy* (Eng. ed. $5.00), Prof. Gamgee's *Veterinarian's Vade-Mecum* (Eng. ed. $5.00). Youatt *On the Horse* is rather antiquated. Allen's *Diseases of Domestic Animals and Cattle Doctor* are "eclectic" and trashy. Dr. McClure's *Diseases of Animals* is recent; price $2.00. We will send any or all of these to those wishing them.

MARRIED.

GREGORY—THORPE.—At the residence of the bride's father, February 21st, 1871, by Rev. Edward Hines, F. Roger Gregory, M. D., and Julia B. Thorpe, all of Granville county, North Carolina.

HART—HUTCHCRAFT.—At the residence of the bride's parents, in Bourbon county, Kentucky, February 21, 1871, by the Rev. James Hardin, Dr. C. F. Hart, of Chicago, Ill., and Anna E. Hutchcraft.

SKELDING—COOKE.—March 3, Thomas Skelding, M. D., and Miss Rosina Cooke.

DIED.

FERGUSON.—February 13, 1871, at Bangor, Michigan, Ellen Doolittle, wife of James E. Ferguson, M. D.

HOSACK.—At Newport, R. I, March 2, Dr. Alexander C. Hosack, aged 66 years.

WATTS.—March 5, at the residence of her brother, No. 49 West Thirty sixth street, New York, Anne, youngest daughter of the late Dr. Robert and Charlotte D. Watts, in the eighteenth year of her age.

WETHERILL.—March 5, suddenly, of disease of the heart, at his residence, in South Bethlehem, Pa., Charles Meyer Wetherill, Ph. D., M. D., Professor of Chemistry in the Lehigh University, son of the late Charles and Margarette S. Wetherill, of this city.

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Communications.

OBSTETRICAL MEMORANDA.—CASES IN PRACTICE.

By O. A. Battson, M. D.,

Of Claremont, Ill.

DETACHED PLACENTA.

A memorandum of obstetrical cases for 1870 shows that I was called, September 17th, three miles in the country to visit Mrs. B., who had been attacked, about two days before, with a violent uterine hemorrhage near the close of her ninth pregnancy. I was engaged at the time with a case of labor in town, and was unable to see the woman for four hours afterward. I was now informed that she had suffered a severe fright about a week previous, by the falling of a grown daughter into a fainting fit; but that no hemorrhage of consequence appeared until the evening of the 15th, when an alarming irruption of blood took place, leaving the patient in a feeble and prostrate condition. A lady of the neighborhood, well versed in such emergencies, was immediately applied to, who prescribed the ergot and laudanum for the bleeding, as she has since informed me, on the representation of the husband that the woman was not expected to fall in labor for the next three weeks. To relieve her mind of all responsibility as to the unfortunate termination of the case, I assured her that on the representation made her prescription was precisely right, and like her, not being at any time present with the woman, I should have ordered, without hesitation, the very same treatment.

But an evident mistake had been made in the reckoning, as the patient was well advanced in labor. The opium had perceptibly impressed her, and she manifested a degree of listlessness and a disposition to somnolency. She was still bleeding at irregular and distant intervals, corresponding with the feeble efforts at uterine contraction. The waters had been discharged, the os was found largely dilated, and the placenta, totally separated, embraced in its enclosure. The mass could be pushed up by the side of the head, but the contractions were too feeble to retain it there, or to cause the head to descend. No thought of artificial delivery was for a moment to be entertained, for the two days hemorrhage had so nearly exhausted the woman that she would have died under the operation, or at least, very soon after the delivery had been completed. The pulse was weak and feeble; the skin cool and perspirable; and the patient distressed with retchings. With no other stimulant at hand, I gave her good whisky obtained from the nearest neighbor, mustard to the epigastrum and thighs, with artificial heat to the extremities. As soon as a little revived, she took 60 drops fld. ext. ergot four or five times repeated, and hot ginger tea. The contractions now became renewed. The placenta was first extruded through the vulva, and followed during the next throe by the head of the child. Suddenly all further efforts at expulsion ceased, and in less than fifteen minutes, and before the child was fully extracted, the patient was dead. Before leaving the bedside, I introduced my hand into the cavity of the uterus. But very little blood or coagula remained, yet the walls were flaccid and but poorly contracted. I now correctly determined that this could not have been a case of placenta previa, otherwise the internal surface of the lower segment of the uterus would have presented to the touch some prominences or vascular projections, denoting the site of placental insertion. On the contrary, it offered no inequalities, but

presented a uniformly smooth and even surface. This fœtus was fully matured, and had evidently completed its intra-uterine term. Exactly how long it had been dead I was unable to determine. In the transit, the skin was denuded in large patches, from the shoulders, back and abdomen, and on being separated and washed, almost the entire cuticle became detached.

I have been thus minute in this report, for the case will certainly be found of the greatest interest to the profession. Such cases I do not regard necessarily fatal either to mother or child, provided they are promptly met and properly managed. Total separation of the placenta and its expulsion in advance of the child, is by no means so rare an occurrence as is commonly supposed. Doubtless most practitioners of experience have witnessed one or more cases of this kind. I have myself met with three very distinct cases of the accident. CAZEAUX says of this complication of labor, page 696: "A singular circumstance sometimes takes place in cases of central insertion. The gradual dilatation of the cervix may effect the complete detachment of the placenta, which may, perhaps, be entirely expelled through the vulva several hours before the expulsion of the child." In a note at the bottom of the page this same author says, that many writers of distinction, as CHAPMAN, PERFECT, MERRIMAN, LEE, LAMOTTE, SMELLIE, RAMSBOTHAM and BAUDELOCQUE, have each met with one or several instances of the kind. Prof. SIMPSON alone has collected as many as 141 cases of the accident, from which it has been deduced that the resulting hemorrhage rarely compromises the life of the mother, while it is nearly always fatal to the child. In the three cases occurring to me only one mother and one child made their escape; the other two and also the children perished from hemorrhage. Although all the cases referred to by Cazeaux are reported under the head of central insertion, yet I think abundant reasons may be advanced why the separation occurs much oftener when the placenta has been attached to some other portion of the uterine walls.

Such an experienced accoucheur as Cazeaux neglects to inform us whether or not he has ever seen a case of the accident himself. The collection of Prof. Simpson was doubtless reported from so many different sources as to preclude all possibility of correctness. Under the head of rapid contractions of the uterus, p. 688 of his work, Cazeaux himself admits, the complete detachment of the mass when contractions take place too rapidly, or at too early a period of the travail; also, that it is apt to occur in dropsy of the amnios, and in twin pregnancies, where too long a period elapses between the birth of the first and second child. Again, page 687, this author says the accident may happen before or during the labor, and prior to the escape of the waters, if the cord be very short or the movements of the fœtus very active. In cases also, where the child is said to be born with a caul, the separation may take place, the dragging of the fœtal membranes pulling the placenta along with them as they are pushed before the head of the child. I know that in the cases I have chanced to meet, the placenta had been attached to the walls or the fundus of the organ.

In all cases where the placenta is normally adherent, whether to the cervix or fundus; that is, where the cellulo-vascular medium of insertion is of the normal strength and texture, it seems to me, a total separation of the mass must be rather an uncommon occurrence. Fragility of the connecting tissue, or some secret fault of its structure, must generally exist before the contractions of the womb, however powerful or rapid, can of themselves be sufficient to effect the total separation. Extreme brevity of the cord even, it seems to me, would result in its own rupture, sooner than detachment of the placenta. We suppose it will be admitted that the accident may happen from unexpected falls, or blows suddenly inflicted on the abdomen of the pregnant woman. Abortions we think may be sometimes so produced. There certainly can be no good reason then why the accident may not occur during any period of the pregnancy. Fragility of the connecting tissue being the chief predisposing cause of the separation, no matter whether the mass has been attached to the fundus or cervix, it becomes apparent that its separation must take place much oftener from the former than the latter situation, and in exact proportion to the relative frequency of its place of insertion.

If this dangerous complication of labor were liable to happen merely from contractions of the uterus, or from dilatation of its cervix, then we should have no further security against the accident in any case of labor.

Contrary to the opinions of so great an author as Cazeaux, we hold that in all cases of central insertion of the placenta over the inferior segment of the uterus, if the adhesion of the mass be perfectly normal, the gradual dilatation of the cervix is incapable of effecting its total separation. The cellulo-vascular tissues uniting the utero-placental surfaces, is highly elastic and distensible, readily accommodating itself to the gradual expansion of the cervix. In these cases of central insertion, the separation can only be effected where the attachment is fragile and the dilatation of the cervix rapidly accomplished. But even where the adhesion is normal, the dilatation, being once completed, impulsion of the head or other presenting part of fœtus against the mass may possibly effect its total separation, and which may then be expelled by the contractions of the fundus, prior to the birth of the child. I have seen several cases of central insertion of the placenta, yet have never observed it totally separated or thrown through the vulva; some portion of its periphery or shreds of attachment always refusing to relax their hold upon the cervix until the delivery of the child was completed. Indeed, such is the tenacity of these adhesions, that I have seen the placenta torn in fragments, the disrupted portions appearing externally in the current of blood. In all cases of central insertion the mass is separated, not from the dilatation but by the closure or contraction of the os, and expelled mainly by the shortening of the longitudinal fibres of the womb. Complete detachment of the placenta then is by no means so common in these cases as Cazeaux appears to think, for it must be remembered that central insertions are themselves infrequent, and that in a large proportion of these, even a partial separation is not effected until after the labor has begun.

The diagnosis of hemorrhage from total separation of the placenta cannot be regarded as difficult or obscure. I know it is just possible for complete detachment to be affected without the loss of any blood whatever. But when hemorrhage does occur, especially in sudden and profuse quantities, preceded or accompanied by contractions, it must always be regarded as issuing from that portion of uterine surface to which the placenta has been attached. Obscure cases sometimes arise when the hemorrhage, not appearing externally, is said to be concealed, but the symptoms are the same and point to loosening of the placenta. In all healthy women puerperal hemorrhage can arise from no other cause. A peculiar hemorrhagic diathesis may give to a sanguinous discharge or oozing of blood from other portions of the unoccupied walls of the uterus, but it is never so dangerous as that description of hemorrhage we are now considering.

It is chiefly with a view of determining the proper treatment of this complication of labor that I have been induced to offer any report of the case at all. I have read with much interest the account of a similar case of detachment of the placenta as reported by Dr. VAN GIESON of the New York Pathological Society, in No. 718 of THE MEDICAL AND SURGICAL REPORTER, December 3, 1870. I cannot avoid expressing surprise at the method of treatment adopted, and more particularly that the ergot and large (tablespoonful) doses of laudanum should have been resumed for the treatment of the after-hemorrhage. I will only adopt Dr. Van Gieson's formulary expression as to the method of treatment pursued, and say with him, "that with the indications gathered from this painful experience I should not, in the future, place much dependence on the use of *opium* in such cases." Had I been called to Mrs. B., whose case I am presenting, on the first invasion of hemorrhage, I certainly should not have bethought me of resorting to the use of opium in any of its forms for the control of the bleeding, either before or after the delivery.

This lady, as well as Mrs. M., whose case is presented by Dr. Van Gieson, it must be remembered, was in labor and at full term. The evident indications of treatment of both women were the same, and two-fold; namely, to secure the speedy contractions of the uterus, and the arrest of the hemorrhage now threatning the destruction of both mother and child The error of treatment adopted in both these cases evidently consisted in the employment of opium, but justifiably, in the care presented, on the erroneous representation made to the lady ordering the prescription. The evident, direct tendency of this drug was to silence and render nugatory the uterine contractions, so needful for the speedy expulsion of the child and security of the mother, and so necessary for the arrest of the hemorrhage on which the fate of both depended. The impressions of

the drug being first manifested on the sensorium commune were at once transmitted through the vaso-motor system of nerves controlling muscular action, thus depriving the uterus of its only physiological resource for the arrest of the hemorrhage or the expulsion of the child.

Opium is absolutely inadmissible in the treatment of puerperal hemorrhage at term, and after the labor has begun. But in all cases of premature labor, whether accompanied with hemorrhage or not, and in all cases of threatened abortion, it becomes the sheet anchor of our hopes. In all cases where uterine contractions are to be silenced it constitutes the *sine qua non* of our treatment. No remedy is better adapted to the quieting or suspension of muscular contraction, whether voluntary or involuntary. The drug is not a direct hemostatic, acting as does the ergot on the muscular contractility of the bleeding vessels, but is useful only so far as its sedative operation or slight astringent properties are required, and as a consequence, becomes a secondary remedy in the treatment of all puerperal floodings. Even when used in these cases, it should never be pushed to its full physiological action, otherwise the uterine contractions will be at once suspended, and the hemorrhage continue unabated.

The treatment of hemorrhage from detachment of the placenta, no matter whether the accident happen during the labor or at any other period of the gestation, must always be conducted on the same principles. Detachment of this hematozing organ necessarily insures the death of the child, unless its delivery is speedily accomplished. The leading indication of treatment, considered entirely apart from the hemorrhage, is to secure the speedy and permanent contraction of the uterus, and on which alone the preservation of the child now depends. The hemorrhage, of course, is the index of placental separation, and on its timely arrest depends the life of the mother. Artificial delivery is neither practicable nor possible, until the dilatation of the os will admit the introduction of the hand, or the application of the forceps. The case must be promptly met and the hemorrhage at once arrested. The membranes must be ruptured at the earliest possible moment, and the ergot administered in full and sufficient doses, for the double purpose of exciting the uterus to the needed contractions, and of securing its now universally admitted hemostatic action. And I now undertake to say, holding myself to the very strictest professional accountability, notwithstanding the strictures so unworthily imposed upon the ergot by Dr. Van Gieson, that the treatment I have just indicated, promptly and energetically adopted, will seldom fail to meet our most hopeful expectations. I am pleased to notice that Dr. FINNEL, the only other gentleman of this learned body offering any remarks on the case reported, fully appreciates the powers of the ergot in restraining these dangerous hemorrhages. In regard to the application of the forceps in such cases, I will only say their efficacy greatly depends on the stage of labor in which they are applied. In the stage of collapse, it seems to me, they are only useful on the principle that a woman should never be allowed to die undelivered.

ABORTION.

Whether purposely induced or incidentally interrupting the gestation of the waiting mother, this accident must ever engage the thoughtful care and attention of the practitioner. I was hurriedly called, January 23d, five miles in the country, to visit Mrs. H., a young married woman, who was said to be wasting dangerously. This woman was accused by a relative of always wanting to take something on such occasions, and of having injured herself once before by so doing. I found her flooding very profusely, and, on taking a seat by the bedside, I discovered an ovum of about three months protruded through the vulva. The placenta was still in utero, and with no signs of contraction, the torrent was flowing fearfully on. I at once administered the ergot in full and repeated portions, with an occasional dose of the aromatic spirits of ammonia, and in less than an hour the patient was rescued from the impending danger. This hemorrhage, I believe, but for the efficient measures, would have proved fatal to the woman. The indications of treatment in this case were to diminish the capacity of the uterus, dislodge the placenta, and thereby arrest the hemorrhage. The ergot was given *alone*, as the addition of opium or laudanum would have had a direct tendency to prevent the needed contractions of the uterus necessary for the expulsion of the placenta, and completely antagonizing the hemostatic results of the ergot.

I have recently read with much satisfaction,

as well as information, the able and interesting discussion of abortion by the members of the Baltimore Medical Association, as published in No. 722 of THE MEDICAL AND SURGICAL REPORTER, December 31st, 1870. I have certainly read nothing lately more interesting than that offered by Dr. MORRIS, in respect to its statistical, pathological and etiological history. But when the doctor approaches the treatment of the accident, judging from what was advanced by nearly every other member of the association, as to the certain and determinate effects of the ergot in these cases, he certainly fails to meet the expectations of his learned associates. I must frankly express my surprise when Dr. Morris makes the declarations, "To arrest the hemorrhage nothing acts so well as the tampon. Although we all use our old friend opium it is not a remedy in these cases."

Dr. Morris very correctly observes, that "The exciting cause is no doubt uterine hemorrhage. The blood gets between the uterus and decidua or placenta, or in the cavity of the uterus, and by the stimulus of distension brings on labor." In what way, then, let us ask, can the application of the tampon be supposed to arrest the hemorrage? In the beginning of the labor, which the doctor admits the stimulus of the effused blood has now brought on, the cervix is almost entirely closed. Can the mere filling of the vagina, then, and any thing further is yet impracticable, prevent the effusion of blood between the uterus and the decidua or placenta? But suppose the blood to have escaped into the cavity of the uterus, in that case how are the bleeding vessels to be compressed, situated as they are so remote from the means of compression? But again, suppose the cervix to be sufficiently dilated to admit the introduction of a tent, how or in what manner can that be supposed to effect the bleeding orifices at the fundus? I must be allowed to insist, then, that the doctor's indiscriminate advocacy of the tampon is a plain violation of the simplest mechanical principles. The only variety of puerperal hemorrhage, and that is exceedingly rare, in which compression of the bleeding orifices can be effected by mechanical means, is where the blood issues directly from the cervix itself. But even in these cases, such means of arresting the hemorrhage are universally regarded as of doubtful expediency, and only to be resorted to after all other means have failed.

Obstetrical writers generally have noted the mischievous tendencies of this contrivance. Its irritating presence near or within the os, or even within the vaginal inclosure is sure to urge the uterus to premature contractions, and thus encourage the unseasonable expulsion of the ovum. We know, too, that by damming up the blood in the cavity of the uterus by means of the tampon, we will be sure to have the stimulus of distension in its acme, which, according to Dr. Morris himself, will bring on the labor, or in other words, consummate the abortion, thus precipitating the very catastrophe it is intended to prevent. In summing up an estimate of the tampon, thus urged by Dr. Morris in the treatment of abortion, I will only say that I know of no readier means by which the designs of the criminally disposed may be more effectually answered than by the persistent application of this ingenious contrivance.

In all cases of threatened abortion the indications of treatment are two-fold. The contractions threatening the expulsion of the ovum must be silenced, and the hemorrhage so seriously compromising the health, if not the life, of both mother and child, must be quickly and promptly arrested. I am surprised therefore at the assertion of Dr. Morris, that opium is not to be considered a remedy in cases of threatened abortion. It has been employed almost from time immemorial by physicians in general, for the very purpose of alleviating pain and quieting premature contractions of the uterus. Its modus operandi, as before stated, is by transmitting its impressions through the vaso-motor system of nerves controling uterine contractions, preventing their occurrence and effectually antagonizing them if already established. We have already said that in no case of puerperal hemorrhage should its impressions ever be carried to any degree of somnolency; yet when restricted within proper limits, we are possessed of no more effectual means as an auxiliary in the treatment of threatened abortion.

I am pleased to know that nearly all other members of this learned association present at its meeting have placed themselves on record as able and earnest advocates of the ergot for the restraint of hemorrhage in cases of threatened abortion. This drug, by virtue of its known hemostatic action, exactly fulfills one of the leading indications of treatment in all cases of threatened abortion, namely, the

speedy arrest of the hemorrhage interrupting the health, if not endangering the lives of both mother and child. Although Dr. WARREN is a leading advocate of the ergot, yet I am surprised at his declaration, that this drug produces results in the uterus which are never observed in other organs of the body. But I know from experience that it exhibits just such results in epistaxis, hemoptysis, hematemesis, and hemorrhage of the bowels.

Dr. WILLIAMS, of the Association, has certainly rendered the profession a handsome service, at least the younger members of it, by his very felicitious rendering of the modus operandi of the ergot. I believe with him, that this drug controls hemorrhage by acting on the contractibility of the muscular coats of the bleeding vessels. Enlarging a little upon the adaptability of this simple but potent drug for the restraint of uterine and other hemorrhages, I believe it exerts this contractile effect upon the muscular walls of the heart itself, and also upon the coats of the large arterial and venous trunks, as well upon their branches, thus diminishing the volume of blood sent to the already contracted radicles, always putting more or less restraint upon the hemorrhage. Regarding this as the true explanation of the modus operandi of the ergot, I feel confident that it will yet be brought into requisition for the treatment of the hemorrhages of both sexes, and from every organ in the body. Especially will it be found invaluable in those hemorrhages dependent upon, or at least associated with, a general laxity of fibre.

In concluding these remarks on the treatment of abortion, I am convinced that we are possessed of no more efficient or eligible means than the combination of the fluid extract of ergot and laudanum; and I have only to repeat what I have said in a former article, that in all cases of threatened abortion, where the uterus itself is not diseased, nor the ovum a blight; where the membranes are yet entire, and the os not irrevocably dilated, no matter how profuse the hemorrhage, this combination will silence the contractions, control the bleeding, and preserve the product of conception to the close of gestation.

BILIARY CALCULI—CASES—TREATMENT.

By RALPH S. GOODWIN, M. D.
Of Thomaston, Conn.

Cholesterine, the substance of which biliary calculi are chiefly composed, preëxists in a fluid state in the blood. It has been demonstrated that it is formed in the brain and nervous system, and that it is the product of the waste of brain and nerve tissue. It is an excrementitious substance, and is eliminated from the blood by the liver. Ordinarily, when the functions of this organ are normal, the cholesterine having been separated from the blood, passes out with the bile through the gall ducts in a fluid state into the intestines, where it undergoes some unknown change, probably not essential to the process of digestion and assimilation. It sometimes happens that this waste product does not pass off in this natural and harmless way; but, associating itself with some other ingredients found in the bile, forms concretions called gall-stones, or biliary calculi.

While these concretions remain in the gall bladder, where it is supposed they are formed, they cause no symptoms and are of no consequence; but when they become engaged in the gall ducts, and are forced along those narrow passages into the intestines, they produce most distressing symptoms, and constitute an affection which is often the most annoying and troublesome that the physician is called upon to treat.

I believe that this affection, particularly when not recurring frequently in the same individual, or when not associated with jaundice, is very often overlooked, it passing for *gastrodynia*, *cramp of the stomach*, or that vague affection known as *bilious colic*. I believe also that if a thorough examination of the fæces were made after such attacks which do not readily yield to opiate treatment, and which have no appreciable exciting cause, such as the over-ingestion of food, biliary calculi would not unfrequently be found. Dr. WATSON states, in his work on practice, that he has only once succeeded in catching a concretion in the evacuations of a patient whose symptoms had led him to search for it. This may be taken as a fair average of most physicians' experience. But I think that nearly every practitioner would come across many calculi every year if he would oftener undertake the disagreeable task of a thorough search. The frequency of their appearance in the gall bladder when autopsies and dissections are made, will, I think, corroborate this view.

Six cases of hepatic colic have thus far come under my observation, in which, after

careful search, gall stones were found in the fæces. Four of these cases occurred in females and two in males. Two cases occurred in persons under twenty years of age, three between twenty and fifty and one between fifty and sixty. Three cases happened soon after convalescence from continued fever, one soon after child birth, and two without any previous illness. Five cases were followed by jaundice after each attack of colic, and one was not. In one case eight gall stones were passed at different intervals within six months after the first attack, after which no more were passed. In another case six were found within a few weeks. In two other cases two or three within a few days, and in two cases only one stone was passed. In two cases gastro-duodenitis supervened upon the attack, lasting a few days only. In one case the colic lasted forty-eight hours; in the other cases the duration was from thirty minutes to ten hours. In each case there was pain, more or less severe, in the epigastrium and right hypochondriac region, and vomiting. In two cases a severe chill was experienced at just about the moment of the cessation of the attack. In each case I directed an examination of the fæces to be continued until the calculus was found. This was done by throwing the evacuations upon a sieve and washing them through with water. In one case five days elapsed before the gall-stone was found; but generally it made its appearance in the second or third evacuation after the attack. The calculi which I have been successful in thus finding, have varied much in size, color and structure. The largest were of the size of a very large pea; the smallest were only half that size. Some were of a light green color; some were white with a dark brown hollow spot in the centre, and some were brown. Some could be with little difficulty crushed between the thumb and finger, while others were of a much firmer structure. Usually specimens of calculi from the same individual were identical in color and general appearances, without reference to the time elapsing between the acts of expulsion.

It has been said that after a large calculus has passed through the duct, the caliber of the tube remains permanently dilated, so that subsequent attacks are less severe and prolonged. But this does not accord with my experience. Generally, the last attacks have been the most tedious and painful, though the calculus afterward found has been of the same or inferior size. The passage of the first stone, though it may stretch the fibrous coat of the duct so as to increase its caliber, yet it must also irritate and inflame the mucous coat and produce more or less swelling, which compensates for the dilatation.

The force which propels the concretion along the cystic duct, must be due, chiefly, to the contraction of the muscular coat of the gall bladder, which, acting upon the contained fluid, by hydrostatic pressure, drives the obstacle before it in the same manner as a renal calculus is forced through the urethra by the urine.

The irritation caused by the presence of the calculus in the duct, by a reflex action, induces contraction of the unstriped muscular fibres of the gall bladder and the consequent expulsion of the stone. It cannot be supposed that the passage of the stone through the cystic duct is due simply to the weight or accumulation of bile behind it, since the direction in which it travels is opposite to the force of gravity, and there is no way in which bile can accumulate behind the obstruction. But after the stone has passed out of the cystic duct into the ductus communis choledochus, the force must be for a time, somewhat diminished, since the bile coming from the gall bladder can now escape backward through the hepatic duct and its ramifications in the liver. If this duct and its branches were perfectly inflexible tubes, and perfectly filled with liquid, the stone would still be impelled on with the same force and rapidity as before; but the reverse being true, it follows that a considerable time must elapse before the ducts become distended to their fullest capacity by the natural secretion and accumulation of bile behind the stone, so that the same force is again brought to bear on the obstruction as when it was situated in the cystic duct.

This junction of two ducts to form one of greater length than either, the expulsive power being carried from the gall-bladder through only one of them, while the other is connected with a net-work of highly elastic and nearly empty tubules, ramified in the substance of the liver, is a mechanism whereby the passage of biliary calculi is retarded rather than facilitated. It is improbable that the ducts themselves have any agency in the propulsion forward of the calculus, in the same manner as the œsophagus propels food into the stomach,

since they are not provided with the requisite muscular fibres.

The jaundice which often follows the passage of gall-stones is usually present only after a protracted paroxysm. It certainly does not occur till the stone has become lodged in the *common duct.* The resorption of bile through the walls of the gall-bladder is improbable, it being more reasonable to suppose that this process occurs in the more vascular and delicate tissues of the liver.

In all the cases here mentioned, jaundice did not make its appearance till several hours after the paroxysm was over, and then it lasted for several days. During this period there was no appearance of bile in the stools, which were clay-colored, but the urine was loaded with it. This circumstance leads me to suppose that the common duct may be temporarily occluded by inflammation and swelling of its mucous membrane, which condition, rather than the brief presence of a calculus, may explain the protracted jaundice.

The condition of the liver leading to the formation of biliary calculi, like other morbid conditions of that organ, is, as yet, imperfectly understood. In the majority of the few cases which I have observed, this affection occurred after exhausting sickness from another disease. This circumstance led me to the conviction that in those particular cases the cause was functional inactivity of the liver. If this organ, which is so important an emunctory in the animal economy, become inactive or sluggish from any cause, it is not strange that some of the manifold products which it seeks to elaborate and eliminate from the blood should assume abnormal conditions, giving rise in some cases simply to disordered digestion, and in others, to the affection under consideration.

In the treatment of the above cases I have found that the exhibition of opium in any of its forms *by the mouth*, during the attack of colic, has not answered my expectations. It has been usually vomited up. When it has been retained to some extent, after repeated doses, it has failed to relieve the pain. I have had much better success with the *hypodermic use of morphia.* After injections have been given of from a quarter to a half grain, patients have always expressed a sense of great relief. Indeed, I know of no surer or better way of mitigating this terribly stubborn and unforgiving agony. I have frequently produced temporary relief by the inhalation of chloroform, but this is impracticable in cases which last many hours. It cannot be supposed that chloroform hastens the expulsion of the stone by relaxing the muscular fibres of the ducts, since it is certain that such fibres do not exist. I have tried, in several cases, the exhibition of large doses of sweet oil and also of calomel, only to be convinced of their complete inutility. The employment of hot fomentations and poultices during the attack, while it has not afforded any relief, has been useful, I think, in the prevention of subsequent inflammation of the parts involved, and for this reason, I should never neglect it.

I would suggest the employment of electricity during the attack, with a view of shortening its duration, by inducing more energetic contraction of the unstriped muscular fibres of the gall bladder. If the theory is correct that the spasmodic contraction of these fibres has an important agency in expelling the gall stone, then electricity may become a valuable therapeutical aid. It has the advantage, at least, of not interfering with the use of other remedies. Not having, as yet, tried it, I can say nothing with reference to its efficiency.

I think much time may be wasted and much unnecessary suffering permitted by neglecting to give the patient promptly the benefit of an efficient hypodermic injection of the sulphate of morphia. A quarter of a grain will answer in most cases. If this does not notably diminish the pain after a proper interval, it should be followed by a third or a half of a grain, according to the judgment of the practitioner. This has never failed in my hands to produce the most happy results.

The most important part of the treatment of this affection, however, consists in the attempt to prevent the further formation of the calculi. With this end in view I have prescribed chloroform in doses varying from five to fifteen drops three times a day. This remedy was taken with only occasional intermissions, for several months, until my patient, as well as myself, was thoroughly convinced of its inutility. In my hands, the succinate of iron has met with the same fate.

Dr. FLINT thinks that the theory upon which the exhibition of these remedies is based, viz.: to effect the solubility in the blood of the cholesterine, is an absurd one. A little reflection will, perhaps, render the absurdity apparent. The entire quantity of

blood in the average human body is estimated at eighteen pounds. To suppose then that a few drops of chloroform, a substance rapidly decomposed within the body, and rapidly eliminated from the blood, can effect any marked and permanent change as to solubility in this entire mass, upon a product which is constantly being formed anew by the vital processes, requires a credulity beyond the scope of reason.

The attempt to accomplish by medication the solution of gall-stones already formed in the gall-bladder, seems, if possible, still more absurd and empirical.

I believe that the only rational mode of treating this affliction is *to promote the functional activity of the liver*. This may be accomplished by advising the patient to avoid sedentary occupations, to engage in mild and healthful exercises, to be careful in the selection of his diet, and to take at intervals such remedies as are supposed to act specially as stimulants to the liver.

To the use of the following formula more than any other I have attributed recovery in the cases which I have mentioned.

℞. Fluid ext. eupatorium,
Fluid ext. taraxacum, aa. f.℥ij.
Comp. tinct. gentian, f.℥iv.
Ext. conumi, ℥iij.
Podophyllin, grs. xx. M.

S.—Take one or two teaspoonfuls before each meal.

If there be notable torpor or sluggishness of the bowels, the amount of podophyllin can be increased. If there be the opposite condition, it can be diminished or omitted altogether.

Hospital Reports.

UNIVERSITY OF PENNSYLVANIA.

Service of J. E. Garretson, M. D., Clinical Lecturer on Surgical Diseases of the Mouth.

February 1, 1871.

[REPORTED BY DE F. WILLARD, M. D.]

Excision of Inferior Maxillary Nerve.

Gentlemen: The patient now before you has been suffering for nearly three years with a most intense neuralgia of the right side of his face and jaws.

He states that he never experienced any difficulty until the three years back (some time after the close of the war, through which he passed), but that since that time he has been living such a life of pain as to render existence almost unendurable.

As to the cause of this difficulty, I regret to say that I am unable to give you a positive explanation. In a previous lecture (vid. Reporter, Nov. 19, 1870), I told you that a cause always existed, and that we could not discover it did not prove its absence, but merely our ignorance; yet such ignorance is often excusable, since this cause may be beyond present human knowledge. I have examined this man thoroughly, and have failed to find any special recognizable factor. His upper and lower denture are perfect, and after the most rigid scrutiny I am unable to find any of the nine or ten favoring conditions of neuro-odontalgia, which I then mentioned. There is no tenderness or even peculiarity of sensation afforded by any of the teeth; therefore, although these organs are so very frequently connected with this difficulty; yet in the present instance such does not appear to be the case, neither can he be suffering from the form of neuralgia resulting from the pressure upon the nerves of the alveolar process in edentulous persons from contraction and absorption, for he has all his teeth. We must, therefore, continue our investigations to other parts, and seek there an explanation by "reflex irritation."

First in order, of course, would be the other branches of this same fifth nerve; and here we find, as I have already said, no difficulty with the upper teeth; neither can we discover any tumor, wound, cicatrix or lesion upon any of the other branches which would seem to be a factor in its production.

We must then go still further yet, and examine other nerves which might reflect an irritation upon this one, and prominent among such are the branches of the cervical and brachial plexuses, which in some cases would seem to possess a special and exceptional communication with the fifth, attributable only to a congenital or acquired peculiarity of organization. It has been found in several cases that a wound of the ulnar nerve was sufficient to cause reflex neuralgia in the fifth; and if this be true, why may not other nerves reflect their irritation in a similar manner? We have passed over and thoroughly examined every organ and portion of this man's body, reviewing every observation and fact which might enlighten us, but all has been without success, so far as the discovery of any exciting cause is concerned. We must, therefore, acknowledge the fact that we are unable to discover the special cause; yet from the expression, so to speak, of the case, I am confident that the point of irritation, though there is no tenderness in any place, is upon the inferior maxillary branch of the fifth pair, and that this point is situated somewhere in the lower jaw, anterior to the posterior dental foramen, and in the canal. Granting that such is the case, then, what could be more rational than to disconnect the point of irritation and the central point taking cognizance of such irritation—to sever the wire leading

to the central office, and thus prevent the transmission of any disturbing condition? To accomplish this we must make a section of the nerve at some point in its course, which is, as you know, from the ganglion of GASSER, out of the oval foramen, through the spheno-maxillary fossa, into the posterior dental foramen, through the canal and out upon the face at the mental foramen.

Now, the point of emergence from the foramen ovale, just at the otic ganglion would, perhaps, be the most effectual point; but this is deeply situated, and the dangers of the operation would be very great from the close proximity of so many important structures, the most dangerous of which would be the internal maxillary and carotid arteries. This then being impracticable, we select some point in the dental canal where it can be easily reached by simply removing the external bony plate, and in the present instance, as we wish to be certain of operating behind the irritated portion, we will go back almost to the dental foramen. Of course, such an operation should not be attempted until every means has failed, and until we are perfectly satisfied that there is no patent reason which can be otherwise removed. Again would I caution you to study well each case, and remember that over-study, venereal excess, indigestion, malaria, non-aeration of the blood, grief, tobacco, noxious gases, etc., etc., may all act as depressants of the vital economy either by over-stimulation or by under-nutrition, and thus assist in the production of a continued neuralgia.

Again, moreover, all medical means should be tried to assist the removal of any lesion which may be discovered as the existing cause, yet should this be unrecognizable, we can only treat upon general principles, acknowledging our weakness. "What then are the medical means?" you may ask, and in reply I can only recommend a few of scores of drugs which have been lauded for neuralgia.

The general condition of the health should first receive our attention, since we shall often find neuralgia coexisting with anæmia, a condition which is often, in fact, the direct cause of the pains. Dr. HANDFIELD JONES has long advocated the opinion that nerve pain is invariably, and in all its phases and consequences, an expression of debility of function. In these cases, and in nearly all neuralgic cases, much benefit will be derived from the exhibition of tinct. ferri chlor. gtt. xv ad xx t. d., either alone, or better in combination with quin. sulph. gr. ij. A solid preparation of iron may be used with the same companion in pill form, with strychniæ sulph gr. 1-40 advantageously added to it.

By thus building and strengthening the constitution the exciting cause, debility, may be removed and cessation of pain be the result.

The anti-neuralgic remedies which have for their object the soothing and quieting of pain, either by being addressed to the system at large, or to the local affected part, are almost innumerable, and every practitioner has his favorite. A combination of quinine, conium and aconite is a most excellent anti-neuralgic, as is also potass. brom. in 20 grain doses four times a day, or zinc. valerianat, in doses of ½ to 1 grain t. d.

A continued course of arsenic or liq. hydr. iod. et arsen, will often be of benefit.

During the paroxysms morphia and ether are our chief reliance, together with hot mustard plasters, or hot sand or salt bags to the affected part. A broken local application of ether by means of a sponge will often change the condition of the nerve currents, and pain will cease.

The hypodermic injection of atropiæ gr. 1-30 to 1-60, persistently continued for several weeks, is often of the most marked advantage, and the same may be said of morphia, though the latter is not so properly curative in its action.

Creasote is a good local obtunder in the strength of gtt.v to ℥j. of lard. Aconitia and veratria are also used locally in ointments, but the two articles which will probably give the greatest relief are atropia and morphia, administered subcutaneously.

Should all means fail, however, and our minds become satisfied that there exists an otherwise irremediable condition in the nerve substance, external to the proposed line of section, we are justified in performing such an operation, even though it must be confessed that the results of such interference are not always as satisfactory as might be wished. In order to reach this nerve in the canal, we must cut down through the masseter muscle, and carefully avoid all important structures. Let us look at the anatomy. Here is the facial artery, crossing the border of the jaw, just in front of the edge of this masseter muscle, and running toward the oral angle. It must not be cut, and I will fix its position by an expedient which should always be adopted by young surgeons, *i. e.*, mapping out the lines with ink. Above is the duct of STENO, extending from the lobe of the ear to the second molar tooth of the upper jaw, and we will also mark its course. Again, upon the outside I mark the outline of the parotid gland, a structure which must escape injury if possible, since salivary fistula is apt to follow.

Here, then, are three lines—the boundaries of a triangle, and having them constantly before us we can cut without fear, so long as our knife does not reach them. In the present instance we desire to go far back into the canal, and consequently we shall be obliged to divide a portion of the masseter muscle; but even this will not give us any uncontrollable hemorrhage

The incision (which must extend down to the bone), will be somewhat semi-circular in order

to allow the flap to turn back without difficulty; then, when the periostem is divided, a trephine will be applied in order to remove this bony plate, when the cavity will be exposed and the nerve uninjured if care has been used. Then, separating the nerve from the veins and artery, a half inch or more may be removed, after which the flaps are only loosely laid in position, that healing may be facilitated while free drainage is also secured. In regard to the separation of the nerve from its accompaniments, it is sometimes possible, but even the cutting of the other structures will not produce hemorrhage sufficient to require more than a plug of lint.

[Operation then performed as described, and a portion of the nerve removed without difficulty. The hemorrhage easily controlled and simple warm water dressing used. The man had no pain for twenty-four hours, but it then returned, the paroxysms being quite frequent and severe for nearly ten days, though not so acute in character as before the operation, he being able to remain comfortable by the use of forty minims of Magendie's solution, hypodermically per diem, while formerly he was obliged to use eighty.

This continuance was not, however, looked upon as foreshadowing the failure of the operation, since it could not be expected that a nerve so long irritated, and in such an excited condition, would regain a state of tranquility at once, any more than would a rough sea for days after the storm has ceased.

Of course this delay was extremely discouraging to the patient, but at the end of two weeks the attacks slowly diminished in frequency and force, until the twinges were scarcely perceptible, and at the present time, seven weeks from the performance of the operation, he writes that he is "*entirely* free from all pain, and can use his jaws as well as ever, and without exciting any discomfort."

The case will be kept under notice and the ultimate result recorded.—DEF. W.]

In regard, gentlemen, to the real and permanent benefit to be derived from this serious operation, I can only refer you to the literature upon the subject, and from this I feel assured that it is well worth a trial in these persistent cases, since many recoveries have undoubtedly occurred.

This inferior dental nerve is the one most easily reached, but the superior maxillary has also been several times the seat of a similar operation. In the Cincinnati *Lancet and Observer*, Aug., 1869, a case is recorded by Dr. MURRAY, in which the inferior was divided in the canal, and the superior as far back as the foramen rotundum, behind the ganglion of MECKEL.

There are several of these excision cases reported in the *Amer. Journal of Med. Sciences*, Jan., 1868; also one in July, 1869, in which latter case not only was the inferior nerve removed from the entire extent of the canal, but the superior also, as far back as the foramen rotundum, behind the ganglion of Meckel. This case was successful for sixteen months at least, up to the time of the report, which must have been a godsend to one who had endured untold agonies for eleven years; and I trust that a similarly happy result will occur in the patient who has just been carried from this room, since a continuance of his present condition would seem almost an impossibility, and his mind has certainly already suffered by the extreme severity of these paroxysms, which have scarcely left him five minutes of continuous rest during the twenty-four hours.

I trust that we shall not be obliged in this case to excise the superior maxillary nerve, for that becomes a much more serious operation; still, it has been successfully done in a number of instances, and when necessary, is best accomplished by the operation of CARNOCHAN, which consists in trephining the anterior wall of the antrum, breaking up the osseous walls of the infra-orbital canal, piercing and breaking through the posterior antral wall, and cutting off the nerve just as it has emerged from the round foramen. In this operation he insists that this spheno-palatine ganglion shall be removed, since, being composed of gray or vesicular matter, it is a generator of nerve power. His operation is certainly far more simple and safe than one of LINHART, reported in the *Viertel-Jahrschrift für die Practishe Heilkunde*, t. II., 1860, in which MIDDLEDORFF'S powerful galvano-caustic apparatus was employed. He reports that as the cauterizing current passed backward it instantaneously destroyed every structure in the spheno-maxillary fossa, and an immediate gush of blood from the injured internal maxillary artery filled the orbit and all the surrounding tissues. The carotid was not tied, but hemostatic pledgets failing to arrest the hemorrhage, the actual cautery was at last applied, which is a complication no surgeon would court.

There is another case reported by NUSSBAUM, of Munich, in Gurer's "Progress of Surgery," 1863-65, Berlin, which will certainly carry off the palm, if such it be, for "heroic" treatment. This woman submitted to various sections of the supra and infra-orbital nerves, for a period of five years, "but finding no relief," the report continues, "repeated extirpations of the cicatrices were made, the common carotid tied, the ascending ramus of the lower jaw trephined, and the inferior dental nerve exsected together with the mylohyoid and lingualis, causing necrosis of the bone, which had to be removed to the articulation. Five months later the neuralgia returned, when the infra-orbital nerve was exsected nearly to the foramen rotundum. This was followed by an osteo-plastic resection of the upper part of the sup. max. bone, but saving the alveolar process,

as in LANGENBECK's operation. The bones were then replaced and united by first intention. The pain had entirely ceased up to the time of publication, several months after the operation.

These cases are certainly formidable, but our own American reports are, perhaps, the most favorable ones published, and certainly, lead us to hope for many favorable results, especially when we read other opinions, as referred to in the above reports from "Bruns' Surgery," Tubingen, 1859, under "Kau und Geschmachs Organs," and p. 838, erst band.

CARMICHAEL calls attention to the fact that the nerves are often enlarged and thickened in these cases of inveterate neuralgia, and a case is recorded in my book upon Oral Surgery, p. 442, where the antral nerves were of the size of knitting needles, and were removed from the antrum.

In conclusion, then, gentleman, let me sum up by saying that although, as remarked by Dr. ANSTIE, the subject is "an uninviting one," yet that it is an operation eminently proper, when all other means have failed, and that it promises a reasonable hope of success.

MEDICAL SOCIETIES.

NEW YORK ACADEMY OF MEDICINE.

March 2d, 1871.

Cure of Old Ulcers by a Recently Devised Operation.

Dr. HOWARD, of Brooklyn, presented a case of eight years' standing, which had been the result of a gun-shot wound, and was at present undergoing rapid cure from treatment. The operation was first suggested and performed by an interne in a Paris Hospital, and for the past six or eight months had been practiced at the Charity Hospital, Blackwell's Island, by Dr. FRANK. H. HAMILTON.

Dr. Howard said, that in the case he presented no tendency to heal occurred for years, but after implanting in it two small shreds of skin, the entire circumference of the wound showed signs of activity. In four days two other pieces were imbedded in the ulcer, where they adhered. The first portions of skin were very small and soon sloughed out; the second were larger, and instead of sloughing grew more vascular.

In this operation a piece of skin may be snipped off any part of the body, and differs from the old method—first, that there is no continuity required in the replanted portion; secondly, that one or several very minute pieces may be imbedded, according to the size of the ulcer. The only precaution that is necessary in operating being to cover the transplanted tissue with transparent adhesive plaster.

Perforation of Lung by Grape-Shot—Recovery.

Dr. BLAKE presented a case in which a grape shot entered the thorax below the clavicle on the right side, passed downward and made its exit near the spine, at a point slightly above the inferior angle of the scapula. The accident took place during the war in 1863. The patient recovered from the first effect of the injury, but before long showed signs of dying from exhaustion. At this time a walking cane could be passed through the track made by the missile. Deep in this sinus a piece of dead bone could be made out, but it was unable to be removed without cutting down and enlarging the opening. After this was done patient rapidly improved, and at present is in as good health as ever. The points of importance in the case were the size of the ball—an inch and a half in diameter—together with the proximity of the larger vessels.

EDITORIAL DEPARTMENT.

PERISCOPE.

The Composition of Secret Medicines.

From a review of Dr. WITTSTEIN's *Handbook of Secret Medicines*, in the *Am. Jour. of Pharmacy*, we extract the following:

The book confines itself, for obvious reasons, to those secret preparations offered for sale in Germany; but we find among them quite a number which are more or less known in this country, and have their birth-place in Germany, Switzerland, Italy, France or England; even a number of American origin are "ventilated" therein, the proprietors of which had "enterprise" enough to introduce them on the old continent.

The articles are arranged in alphabetical order, and a short history is in nearly all cases attached, giving the originator or manufacturer, the diseases which it pretends to cure, a description of the physical properties and style in which it is put up, the retail price, the pretended constituents, the names of the analysts, the true composition, and the actual retail value if made in a respectable apothecary's store. We extract the formulas for a few articles only, which may be of some interest to our readers:

Coca Pills, by Sampson, New York. According to Hager and Jacobsen, composed of powdered coca

and extract of coca in about equal quantities; value about one-fourth of price.

Granular Effervescent Citrate of Magnesia, by Bishop, of London, consists merely of bicarbonate of soda and tartaric acid.

Pommade des Châtelaines, a hair invigorator, consists of benzoinated lard and some volatile oils,

Magnesian Aperient, by Moxon, of England, is, according to Siller, anhydrous sulphate of magnesia 31, carbonate of magnesia 14, bicarbonate of soda 30, tartaric acid 25 parts.

Swedish Essence of Life is made also in this country, under various names. As usually made by apothecaries, it is a tincture prepared from 4 aloesi 1 agaric, 1 rhubarb, 1 saffron, 1 zedoary, 1 gentian-1 myrrh, 1 theriac, with 100 to 120 dilute alcohol. The secret medicine manufacturers usually substitute cheaper articles for the high-priced saffron and rhubarb.

Hoff's Extract of Malt has been repeatedly altered in its composition. It is now a good beer, of a pretty constant alcoholic strength of 3 per cent., but varying in the amount of extract between 5.3 and 10 per cent. The beer sometimes contains an infusion of a bitter herb (buckbean, blessed thistle) and of the bark of *Rhamnus frangula*. According to one original recipe, beer was mixed with a small quantity of strong infusion of marsh mallow root, coriander, staranise, and grains of paradise, and with some simple syrup, glycerin, oil of lemon, oil of orange and beer coloring (caramel). The consumers can make it for, at most, one-sixth of its price.

Zimmermann's Extract of Malt, which, like the former, comes likewise from Berlin, is similar in composition.

Matico Injection, by Grimault, of Paris, for gonorrhœa, is made, according to Bjoerklund, by dissolving 4 grains sulphate of copper in 8 oz. infusion of matico (from ½ oz.)

Syrup of Horseradish, by Grimault. Hager gives the following directions: 50 p. each of fresh scurvy, grass, buckbean and watercress, 60 of horseradish, 40 of fresh orange berries, are infused with 3 cinnamon in 50 p. white wine, and after a day expressed; 250 p. sugar are dissolved in the filtrate.

Iodinized Syrup of Horseradish, by Grimault, contains 10 iodine and 5 potassium iodide in 8,000 of the former.

New York Pills, by Sampson, of New York. The 1½ grain pills consist of powdered coca 25, extract of coca 30, powdered iron 35 parts.

Brandreth's Pills contain resin of podophylum, inspissated juice of poke berries, saffron, cloves, oil of peppermint.

Holloway's Pills are composed of aloe, myrrh and saffron.

Morrison's Pills, 2½ grains each, consist of aloe, cream of tartar and colocynth; another kind contains the same ingredients, besides gamboge.

Radway's Ready Relief, according to Peckolt, is an ethereal tincture of capsicum, with alcohol and camphor.

Radway's Renovating Resolvent, a vinous tincture of ginger and cardamom sweetened with sugar. (Hager and Jacobsen.)

Alcohol.

Dr. RABUTEAU believes that the greater part of ordinary alcohol introduced into the economy must necessarily be eliminated.

1. *The Action of Ordinary Alcohol upon Nutrition.*—Alcohol lowers the temperature, retards the organic combustions, and consequently diminishes the carbonic acid and urea. Its action upon the blood globules is the same as that of arsenic and oxide of carbon. It is antipyretic and antiphlogistic.

2. *Action upon the Urinary Secretions.*—Many so-called diuretics have no title to the name; tea and coffee, for example, provoke a more frequent desire to urinate, simply by a direct action upon the muscular fibres of the bladder; but alcohol is a *real diuretic*—the best, in fact, according to Rabateau, if taken a long time after eating. If red wine be more diuretic than white, it is because, all things being equal, it contains more tannin, and not because the latter contains more tartrates, which are transformed into carbonates in the economy; the alkalines, moreover, are diuretic only in very strong doses, and, according to Rabateau and Constant (*Lyons Medical*, 1870, t. v., p. 534), diminish instead of increasing the oxidations.

The diuretic effect of alcohol explains the important part it takes in the etiology of diabetes insipidus, and the increasing dropsy of drunkards when deprived of alcohol, which disappears on a return to stimulants; it also explains its anti-sudorific action.

Remedies for Poison Ivy.

A large number of remedies, says the *Druggist's Circular*, have been from time to time recommended for the distressing inflammation of the skin caused by handling, or sometimes even going within the atmosphere, of this plant. We have no particular knowledge of the right of any one to be considered as a specific, but doubtless some one or more of the different applications will afford, when properly applied, speedy relief. Below may be found several of the methods and medicines that have been proposed by persons who have found them to be useful. It ought to be understood that we extract them from the published Proceedings of the Farmers'

Club of the American Institute, and that they were furnished by farmers, who had had the misfortune to be poisoned while grubbing about among the weeds and wilds of the farm. "A few years ago," says one, "my feet were badly poisoned with ivy; while they were at their worst, I immersed them in soft soap half or three-quarters of an hour, and to my glad surprise I found that it cured them. Being again poisoned, I repeated the soap remedy for twenty or thirty minutes, and they were entirely cured the second day after." Another gentleman says that "a strong tea made of the *sweet fern*, with which the part affected is washed, as hot as can be borne, every hour until the cure is accomplished, is an excellent remedy." A party in Iowa confirms the value of soap, and says it is equally useful in poisoning by the poisonous *sumach* (*rhus radicans*).

A Rhode Island unfortunate says he had been poisoned a hundred times when a boy with the sumach. At last he found that free washing with pure water soon after he had been at work among the bushes was an effectual preventive Hot bran poultices are recommended by another, and hot water without the bran will do very well, says still another knowing one. A farmer in Pennsylvania, after having suffered many times from ivy poisoning, discovered that wild lettuce (*lactuca elongata*), which grows on the sides of meadows, fields, or gardens, is a perfect cure. The stalks and leaves are to be bruised and applied as poultices, or the inflamed part may be bathed with the juice. One application has produced a cure in cases that had resisted every other known remedy. A saturated solution of sulphate of copper, or of common salt, are also cures, if the parts are well bathed with either, when the irritation first makes its appearance. Finally, we quote what a gentleman writing from Ohio has to say on the subject: "There are two kinds of ivy. No one was ever poisoned by the five-leaved vine; it is only the three-leaved that poisons, and but few persons are affected by that or sumach. The five-leaved is a perfect antidote for the poison of the three-leaved variety. After suffering indescribably from the poison, I took a few leaves and chewed them, and rubbed some blisters on the back of my hand with the juice. It stopped the itching at once, and in less than twenty-four hours the blisters had dried up and become flat. I have not had a blister on me since that time from poison, although I have been frequently exposed to both ivy and sumach, and I have seen others use it with the same good effect."

A Case of Tetanus.

The following brief notes of the treatment of a case of traumatic tetanus are given by Dr. JEWETT, in the *Cin. Lancet and Observer:*

Full notes were taken, but a short resumé of the case will perhaps be all that may be required.

First day of treatment, July 8.—Cathartic and quinine.

Second day.—Quinine and external use of belladonna.

Third day.—Quinine with belladonna, both externally and internally, and for the first time chloral at night to be repeated in case of extreme suffering.

Fourth and fifth days.—Belladonna externally and internally and chloral as above.

Sixth, seventh and eighth days.—Tobacco resorted to; chloral at discretion of patient and attendants.

Ninth day.—Internal use of tobacco discontinued but the external use continued, by spells, as long as tetanic symptoms manifested themselves.

Up to the ninth day chloral was employed as an adjuvant of quinine, belladonna and tobacco—subsequently it was the only remedial agent really relied on, and was continued to the end—doses never greater than 40 grs., and gradually reduced to 30, 20, 10, and even 5 grs. In all, 2920 grs., or ℥vj. ℈ij. were used. The patient had full faith in it—always felt that it did her good.

Tetanic symptoms, indicated at last by slight twitches, did not entirely disappear till August 23.

July 22, she complained of distressing burning in her legs, though the surface was cold. This continued several days, and then she complained of pain and weight of her limbs. Œdema of lower extremities was first *noticed* July 30, and lasted till September 8. She began to sit up August 19, and September 4 was able to go to her meals with her family, and had no recurrence of tetanic symptoms from that time, but she has had repeated attacks of chills and fever.

During the whole treatment nourishment was strenuously insisted on; bowels relieved from time to time by enema; quinine was taken at different times, also wine and whisky, but never in large doses. Tinct. of chloride of iron, with acetate of potassa, were used to a considerable extent during œdema of the lower extremities.

Dr. JOHN DAVIS, of this city, visited Mrs. B. in consultation with us six times, and Luther Jewett, of Lafayette, Indiana, once.

Venereal Disease in Paris.

Dr. CHAS. DRYSDALE, in the *Medical Press and Circular* for June, 1870, gives the following statistics from Dr. LECOUR'S works:

During the three years, 1867–69, the proportion of prostitutes, whether registered or unregistered, who were found to be suffering from venereal disease, is represented by the following figures:

Years.	Registered Prostitutes.	Clandestine Prostitutes.
1867	1 in 78.132	1 in 3.62
1868	1 in 61.485	1 in 3.19
1869	1 in 59.913	1 in 2.16

As M. Lecour says:—"They give the measure of the disastrous influence which clandestine prostitution exercises on the public health."

The evidence now adduced by M. Lecour shows that the police are failing more and more signally to subject the prostitutes of Paris to the system of sanitary serveillance. The numbers on the register during the last four years are as follows:

Years	Prostitutes in brothels.	Prostitutes in private lodgings.	Total.
1865	1,519	2,706	4,225
1866	1,448	2,555	4,003
1867	1,412	2,449	3,861
1868	1,341	2,428	3,769
1869	1,206	2,525	3,731
1870 Jan. 1,	1,066	2,590	3,656

Moreover, it is important to bear in mind, that of the 3,656 on the register, Jan. 1, 1870, about a fourth part were not "*en circulation.*" The whole of the prostitutes registered at that date were then subdivided, as follows:

21 detained on account of crimes or offenses.
213 undergoing punishment.
165 subject to medical treatment in the Infirmary of St. Lazare.
27 subject to medical treatment in various hospitals for non-syphilitic affections.
447 *disappeared.*

873
2,783 in circulation, and subject to sanitary obligations.

3,656

One of the most striking proofs of the resolute resistance with which Paris prostitutes encounter the enforced sanitary *régime*, consists in the fact that nearly as many punishments are endured by them each year as there are registered women "in circulation." The number of cases of punishment, and the number of registered prostitutes "in circulation" during the last five years, are as follows:

Years.	Prostitutes "in circulation."	Cases of Punishment.
1865	3,313	3,267
1866	3,203	3,510
1867	3,167	3,032
1868	2,938	3,208
1869	2,782	2,597

Again, the extent and persistence of the struggle constantly going on between the women and the police is scarcely less decisively attested by the magnitude of the numbers of those annually arrested on the charge of practicing clandestine prostitution. During the last five years those numbers, which we give here, have exceeded 2,000 in each year.

Years	No. of Clandestine Prostitutes arrested.	No. Syphilitic arrested.	Proportion diseased.
1865	2,255	468	1 in 4.82
1866	1,988	432	1 in 4.60
1867	2,018	557	1 in 3.62
1868	2,077	651	1 in 3.19
1869	1,999	810	1 in 2.36

The Treatment of Typhoid Fever by Cold Water.

J. H. TYNDALE, M. D., House Surgeon to the German Hospital, N. Y., writes to the St. Louis *Med. and Surg. Reporter:*

Late researches have developed a method of cure, by the application of which we are enabled to reduce the rate of mortality among typhoid fever patients by from three to five per cent. This method is the treatment of typhoid fever by cold water baths, practiced in the last century, but lately revived by BRAND, of Stettin, and since submitted to a scientific and practical test by a great number of physicians on the continent of Europe. The verdict in favor of this method of treatment of typhoid fever on rational principles has been universal, and attested by numerous and responsible clinical reports, comprising many thousands of cases.

The cold water treatment cannot prevent the natural course of typhoid fever. The natural phases, with their peculiar anatomical changes, will appear in an undiminished degree. Cases of death from perforation of the bowel or hemorrhage have not been diminished any more than if no treatment at all had been prescribed. The cases of death from these causes however, have always been counted as an incomparably small fragments of the total mortality among typhoid fever patients. The principal source of danger for the patient is the *fever heat*, either directly or indirectly, and we are enabled to reduce this unnatural elevation of the temperature of the body, and thereby the degree of danger to the patient, by cold baths.

All the sequels of the feverish overheating of the body are observed to manifest themselves in a lesser degree by the use of cold water baths. Thus, all competent observers are agreed upon the fact that the patient never loses his appetite; on the contrary, takes food during the whole course of the fever, so that extreme emaciation will not ensue, and the patient regain his strength in a shorter space of time from the period of convalesence. Bed sores, so frequent and unavoidable in typhoid fever, have been but rarely observed during the cold water treatment. In short, all secondary complications of typhoid fever have been totally excluded by this method of treatment, and the whole course of the disease has been completed in four weeks.

The general rules to be observed in administering cold water baths are the following:

1. The necessary reduction of temperature is best and most rapidly effected by immersing the whole body.

2. The water should be as cold as can be had.

3. The patient should be bathed as often as the temperature of his body, measured in the rectum, rises to 40° C. (about 104° Farh.) Since the intensity of the manifestations of disease vary much, it may occur that in one case one or two baths in the twenty-four hours will suffice, whereas, in another,

as many as twelve or sixteen will be required in the same space of time.

4. The length of time for each bath must be governed on the one hand by the degree of fever heat, on the other by the temperature of the water used. On the whole, it will be found that in a bath varying from 5° to 10° C., an immersion of from seven to ten minutes will suffice. Should the temperature of the water be above 10° C., the bath is to be continued for fifteen minutes, and if above 15° C., still longer.

No attention needs to be paid to the seeming discomfort of the patient, manifested by complaints, nor to the chill often occurring during the bath, and continuing for some time afterward, as they are of no consequence.

5. After the bath, the patient should be carefully wiped dry (not rubbed), especially his feet and toes. If the water has been of very low temperature, the feet may be enveloped in warm cloths, as many patients complain of pain in the feet after a very cold bath.

Opinions differ as to whether it is best to immerse the patient in a cold bath (say of 10° C.) at once, or to have the water at a temperature more nearly the same as that of the body, and effect a gradual reduction by a slow addition of cold water. NIEMEYER, who may be considered the best authority upon the subject, is in favor of a gradual reduction. With due deference to this opinion, however, I must say that repeated trials have satisfied me that by a sudden immersion in cold water two advantages are gained: first, the reduction of temperature will be greater, more nearly approximating the normal temperature of the body; second, less time will be required, and consequently the patient will be less annoyed. In the cases under our observation we have found from one-half to two hours after sudden immersion the temperature reduced to 38.5° C. (normal), when before the bath it had been from 40° to 40.5° C.

When the temperature of the body has not been above 39.5° C., we have been in the habit of enveloping the patient in wet cold sheets for fifteen minutes. In other cases in which it was desirable to move the patient as little as possible, we have resorted to a sponge-bath of cold water and vinegar. Both methods produce a limited decrease of temperature, not exceeding one degree.

The anti-febrile effect of cold water baths will be materially aided by large doses of quinine. From eight to ten grains of sulphate of quinine, administered every second evening, will surely obviate the necessity of frequent baths on the following day. Large doses, more frequently given, are apt to disagree, as also to lose their effect.

The *thermometer* is indispensable as an aid to the cold water treatment, as without it this method would lack the necessary safety in its application. The rectum is undoubtedly the best point of observation of the thermometer. In five minutes after the introduction of the bulb, the mercury will have reached its maximum height, and no disturbing influence can injure the correctness of observation, as is often the case in the introduction of the bulb into the axilla.

The severer the case, the oftener should thermometrical observations be made. In mild cases, in which even the evening temperature (always higher than the morning temperature) does not exceed 40° C., two or three observations may suffice; whereas, in severer ones, this should be done every two hours, day and night, in order not to miss the right time for the repetition of the bath.

Methods for Determining the Efficiency of Ventilation.

The following is an extract from the Report on the Examination of Air in Barrack-Rooms, by B. F. CRAIG, Acting Assistant Surgeon, U. S. A.:

There are two radically different methods by which the amount of ventilation of a room may be ascertained. One of these is to measure mechanically the quantity of air that enters or leaves it—a measurement which may be made with tolerable accuracy by small anemometers, in those cases where all the air enters or leaves through one or more ventilating shafts or other air passages so placed as to be accessible for purposes of experiment. This condition of things is to be found in buildings in whose construction certain plans of ventilation have been provided for, but is not met with in the quarters usually occupied by United States troops. The other method of measuring ventilation is to determine the amount of vitiation of the air of an apartment occupied by a given number of persons.

In an occupied room the air undergoes various alterations, which for the most part are the results of the passage of portions of it through the lungs of the occupants. The most noticeable of these alterations are those of temperature, of moisture, of the amount of organic matter of various kinds, and of the amount of carbonic acid; and by measuring the extent of any of these changes a basis may be obtained for some sort of calculation as to the rapidity with which the air in the room is renewed. They are very far, however, from giving equally satisfactory means of calculation.

The change of temperature is well marked in a very crowded room in cold weather when there are no artificial sources of heat present, but as a general thing the difference of temperature between the external and the internal air is either too slight or too much dependent upon causes incapable of ex-

act estimation to be made of practical use for determining the amount of ventilation.

The augmentation of the moisture of the air would seem, at first sight, to be of more value as an indicator, as in passing through the lungs the vapor of water in the air is increased, in some cases, as much as seventeen times, or from one to seventeen grains in a cubic foot; and if the methods for the ready estimation of the moisture of the air were sufficiently exact in their results, they could, in dry, cold weather, be advantageously employed in this connection; but, as it is, their accuracy is not great enough for this particular purpose.

The perception by the sense of smell of the presence of organic matter is the usual and the standard test of the fact of insufficient ventilation. For the simple fact of good or bad ventilation, the accuracy of this test is greatly influenced by the temperature, and it is sufficiently delicate only in a tolerably warm room.

When we attempt to determine the amount of organic emanations from the body present in a given space, we find that they are so small in actual mass, and of so complex and so indefinite a character, that they evade to a certain extent the powers of chemical titration.

The measurement of the carbonic acid which is added to the air by animal respiration is much freer from the difficulties above alluded to. The quantity given off is more considerable, as air, in passing through the lungs, has its carbonic acid increased about one hundred times, or from about four parts in ten thousand to four parts in one hundred. Moreover, the chemical affinities of carbonic acid, although comparatively feeble, are well defined, and it is capable of tolerably exact chemical estimation.

In examining the air of soldiers' sleeping apartments, I noted its condition as to organic matter, as far as indicated by its odor, and measured its moisture by means of the improved hygrometer of the Medical Department, but the most important part of the examination was the determination of the carbonic acid.

This was made by the well known process of Pettenkofer, which depends upon the power of solutions of lime and of baryta to absorb carbonic acid from the air, and to precipitate it in an insoluble form. The determination was made both for the external and for the internal air, and it was then assumed, in accordance with the experiments of Mr. Edward Smith, that a sleeping man produces about four-tenths of a cubic foot of carbonic acid per hour, and will therefore increase the amount of it in one thousand cubic feet of air, to the extent of four parts in ten thousand, and in two thousand feet, to the extent of two parts in ten thousand, etc., so that from the percentage of carbonic acid we may infer, by computation, the number of cubic feet of fresh air received per hour for each man. Of course, an allowance is to be made for the amount of air originally contained in the room, and this is determined on obvious principles, by considering the size of the room, the number of its occupants, and the length of time during which it had been occupied by them when the air was collected.

As soldiers are supposed to enter their quarters at a certain hour in the evening, and to remain in them through the night, without materially altering their ventilation, this allowance can be made with approximation to accuracy, in a way which will be shown further on.

A solution of baryta, of carefully measured strength, was employed for the absorption of the carbonic acid, but in some cases circumstances led to the substitution for it of a solution of lime.

The barracks were generally visited, for the purpose of collecting the air, about three hours after the men had gone to bed; but in two or three instances the visit was made shortly before reveille, or after the room had been occupied for about eight hours. In most cases fires were in use in the quarters; and the question may be raised whether the accumulation of carbonic acid may not have been increased by the products of combustion of the fuel. This question, I think, can be answered in the negative, as in all cases the stoves were burning with a very good draft, and the current of air from the fire up the stove-pipe was too quick and steady to leave it at all probable that a diffusion of gasses took place backward into the room.

The first post visited was Fort Adams, in Newport Harbor. The troops there are lodged in casemates 54 feet long by 18 wide, giving 972 square feet floor-space, and with cubic contents of about 10,700 feet.

* * * * * * * * *

Visited at 12:30, night of October 4–5, casemate on western half of southeast front. Number of men in it fifteen, giving to each a floor-space 65 feet, and cubic space of 713 feet. There was a fire in the stove, and the temperature of the room was 69° F., six degrees above that of the external air. The wind was from the southward, blowing obliquely into the mouths of the ventilating openings on the scarp-wall. The air of the room being driven through a jar for a few minutes, 25 cubic centimetres of standard lime-water were put in and the stopper inserted. After a sufficient lapse of time to make the action of the lime-water effectual, the absorption of carbonic acid was determined, and corrections being made for temperature, etc., was found to amount to 9.67 parts in 10,000. The external air received into a jar at the same time yielded 4.08 parts in 10,000. This leaves 5.59 parts' in 10,000 for vitiation of air. As on the supposition that each man produces 0.4 cubic feet of carbonic acid per hour, 5.59 corresponds to a ventilation of 712 feet per man per hour. As the room, however, had been occupied for about three hours, one-third of the entire cubic contents per man is to be subtracted from this apparent ventilation, which will leave 474 cubic feet per man, or $15 \times 474 = 7{,}110$ cubic feet of air passing through the casemates every hour.

* * * * * * * * *

With regard to the general results of the above-detailed examinations, it may be remarked that the amount of air which writers on hygiene have held to be the minimum supply consistent with perfect healthfulness, viz., 2,000 cubic feet per man per hour, was at the posts which I visited, attained only in exceptional instances; but that in most cases an extension and slight modification of the existing systems of ventilation would probably give a sufficient circulation of air. * * * *

MEDICAL AND SURGICAL REPORTER.

PHILADELPHIA, MARCH 25, 1871.

S. W. BUTLER, M. D., D. G. BRINTON, M. D., Editors.

☞ Medical Society and Clinical Reports, Notes and Observations, Foreign and Domestic Correspondence, News, etc., etc., of general medical interest, are respectfully solicited.

Articles of special importance, such especially as require original experimental research, analysis, or observation, will be liberally paid for.

☞ To insure publication, articles must be *practical, brief* as possible to do justice to the subject, and *carefully prepared*, so as to require little revision.

We particularly value the practical experience of country practitioners, many of whom possess a fund of information that rightfully belongs to the profession.

The Proprietor and Editors disclaim all responsibility for statements made over the names of correspondents.

TREATMENT OF THE POOR INSANE AT PHILADELPHIA.

We have long been aware that radical improvements are needed in the management of the insane poor of this city, and are glad to give the facts greater prominence for the benefit of all, by making some extracts from a recent report of the Committee on this department.

Much of the existing trouble arises from the crowded state of the house, eight hundred patients being obliged to live and move and have their being in apartments that would be crowded even with half that number. Lodging rooms, scarcely large enough for one, are made to receive three, and in the large associated dormitories, which are provided with proper beds as closely as they can be set against the walls, every foot of room on the floor is also occupied by beds at night. The noise, confusion, mutual irritation, and personal collisions, as well as immediate danger to life and limb, incident to this state of things, may be easily conceived, and no stretch of imagination, we are sure, can exaggerate the actual facts. If patients ever recover, it must be in spite of and not in consequence of their surroundings, for we can imagine no conjunction of circumstances more calculated to exasperate the disease, to excite the excitable, and depress the depressed.

But the present deplorable condition of the insane department does not entirely result from the want of room. Much of it is attributable to arrangements that have no other excuse than a misplaced economy. Here great improvement is practicable if we will but furnish the necessary means.

First and foremost, then, of the evils under which the department is now laboring, is the kind of attendants or nurses who have the immediate care of the patients. These are mostly paupers, inmates of the out-wards, who are required to serve the Almshouse for a few weeks as a quasi compensation for the care and support they have themselves received. It is well understood that much of the success of hospital treatment and much of the comfort of the patients, depends on the attendants. If any service on earth requires some graces of character, moral and intellectual, it is certainly this, for it implies the hourly exercise of patience, forbearance, kindness, gentleness and discretion.

The next crying evil in the condition of the department, is the almost complete lack of employment for the male patients. From morning to night, week in and week out, these four hundred people, many of them active and robust, with nerves and muscles craving exercise, may be seen hovering around the registers, or stretched out on the floors or benches, or moving about uneasily in the narrow limits of their ward. It is an old adage that idleness is the parent of every other vice, and it loses none of its truth when applied to the insane. If there is any one principle of moral treatment now well established, it is that of the paramount and the indispensable necessity of employment. Any institution that does not recognize this principle, and provide suitable means for applying it, is justly regarded as behind the age.

Some of the internal arrangements are not calculated to increase the comfort or self-respect of the patients, and therefore the committee would suggest the necessary change. It should be understood that the insane are laboring under a disease which makes large drafts on the vital energies, and which, consequently, makes them crave and need a generous diet. Every one who has had charge of the insane will confirm the truth of this statement. They will also tell us that under a meagre diet these patients are very liable to diarrhœa, and to the development of any bodily disease to which they may be predisposed, and when attacked by such disease, that their recovery is more slow and tedious. We have no hesitation in saying that their dietary should be equal to that required by the average sane workingman. That is to say, it should embrace animal food at least once a day, some vegetables, besides bread and tea or coffee twice. At present they get animal food but four times a week, and that is always boiled.

We sincerely hope that this bold and just exposition of the deficiencies of the department will lead to some reforms which have been long needed and which were earnestly pressed upon the attention of the Board of Guardians by us for a series of years while in charge of the institution. We are glad to find our views sustained by so able and unimpeachable an authority as that of Dr. ISAAC RAY,

the author of the above extracts. We trust that Dr. Ray will not be discouraged in his efforts at reform in this institution. What is most needed is to separate the insane department from other departments of the Almshouse, as is recommended in Dr. Ray's report, and establish the institution on a farm where a large part of the men can be employed.

THE MEDICAL STAFF U. S. N.

On the last day of the session of the last Congress, the dispute which had so long existed in the naval service between the line and staff, was finally terminated, to the comparative satisfaction of both parties. For many years the question of rank has disturbed the harmony of the service, and in no small degree weakened that *esprit du corps* which is so essential to its efficiency. Congress has been annoyed and wearied with the arguments and complaints of the contestants.

The provisions of the new law give relative and additional rank to the officers of the staff corps of the navy, prescribes the rules of precedence, but adds nothing to the pay of any of the officers.

The Medical Corps.—The law declares that in the different corps on the active list there shall be the following officers: 15 Medical Directors, with the relative rank of Captain; 15 Medical Inspectors, with the relative rank of Commander; 50 Surgeons, with the relative rank of Lieutenant-Commander or Lieutenant; 100 Assistant Surgeons, with the relative rank of Master or Ensign. Assistant Surgeons who have passed their examinations shall have relative rank of Lieutenant or Master. No person under twenty-one or over twenty-six years shall hereafter be appointed an Assistant Surgeon in the navy. All promotions are to be regular and according to seniority.

Staff officers are credited with six years on entering the service. Staff officers, when retired after having served faithfully forty-five years, are to have the rank of Commodore. Others retired before sixty-two years of age for causes incident to the service, have same rank on the retired list as pertained to their position on the active list. Chiefs of Bureaus of Medicine and Surgery, Provisions and Clothing, Steam Engineering, and Construction and Repairs, shall have the rank of Commodore while holding such office.

Commanding officers of vessels on stations shall take precedence of all staff officers under their command, and no staff officer by virtue of his rank shall exercise command or authority in the line of the navy, or in any staff corps or department thereof, except in the corps or department to which he belongs; and shall claim no additional right to quarters on account of his rank. In processions on shore, Courts-martials, Summary Courts, Courts of Inquiry, Boards of Survey, and all other Boards, line and staff officers shall take precedence according to rank. The Executive Officer, while executing orders of the commanding officer, shall take precedence, but ranking staff officers may communicate directly with the commanding officer.

Under this law there is little danger of conflict of authority. Hereafter all ought to go well in the service, as all seemed to be satisfied with the law.

Notes and Comments.

MEDICAL COLLEGE COMMENCEMENTS.

Jefferson Medical College.

The Academy of Music was thronged at noon, March 13, the occasion being the annual commencement of the Jefferson Medical College. The graduates sat in a semi-circular row on the stage, a number of matriculents being in the rear. The Hon. EDWARD L. KING, LL. D., President of the Board of Trustees, being absent unavoidably, Dr. J. R. BURDEN, President *pro tem.*, conferred the degrees upon the graduates. An address was delivered by Dr. ELLERSLIE WALLACE.

Of the graduating class there were from Pennsylvania 64, Ohio 8, New York 6, Maine 4, Kentucky 4, Texas 4, Illinois 3, Tennessee 3, Missouri 3, Mississippi 3, West Virginia 3, Canada 3, Delaware 2, North Carolina 2, Indiana 2, California 2, Nova Scotia 2, Maryland 1, Georgia 1, Michigan 1, Iowa 1, Utah 1; total, 127.

The number of matriculents for the session of 1870–71 was 411, representing thirty-five different States and countries.

University of Pennsylvania.

At noon, March 14th, the annual commencement of the medical department of the University of Pennsylvania took place in the Academy of Music, which was thronged with a large audience of ladies and gentlemen. The faculty, graduates and the students of the college occupied seats on the stage. The music on the occasion was furnished by the Germania Orchestra. After prayer by Bishop STE-

VENS, the degree of Doctor of Medicine was conferred by CHAS. J. STILLE, LL. D., Provost, upon the graduating class, as follows: From Arkansas 1, Colombia, S. A., 1, Chili, S. A., 1, Delaware 2, Ecuador, S. A., 2, Georgia 5, Iowa 1, Kentucky 1, Maryland 1, Massachusetts 2, Mississippi 1, Missouri 2, New Brunswick 1, New Jersey 6, New York 4, North Carolina 3, Ohio 1, Pennsylvania 77, Tennessee, 1 Texas 1, Virginia 3; total, 114.

The valedictory address was delivered by Prof. R. A. PENROSE, M. D.

After performance by the orchestra, a portrait of Professor H. H. SMITH was presented by Mr. A. W. TAYLOR, on behalf of the class, to the trustees, in whose behalf it was received by JOHN C. CRESSON, Esq.

A benediction was then pronounced and the large audience dispersed.

A Word to the Wise.

A valued correspondent asks us to publish the following extract from THOMAS *On the Diseases of Women*, p. 321–2, "for the benefit of whom it may concern:"

"A little reflection will explain how the management of parturient women by British and American practitioners, at least, favors the occurrence of this accident (retroversion.) In the first place, it must be remembered that pregnancy combines in itself two of the influences, which are productive of this condition: increased weight and relaxed support. It is no exaggeration to assert that the usual plan of mangement after parturition supplies one of the others which are mentioned above. The woman lying almost constantly upon her back; the heavy fundus naturally tends to fall backward into the hollow of the sacrum. Many nurses insist upon this position, and often for days refuse the patient the privilege of lying upon the side. But this is not all; many nurses' reputation among ladies rests upon their capacity for "preserving the figure" by tight bandaging. A powerful woman will often expend her whole force in making the bandage as tight as possible to accomplish this purpose. No one who has watched the process can doubt its influence in displacing the uterus by direct pressure. There is no practice connected with the lying-in room to which so much of almost superstition attaches as to the use of the obstetric bandage for preservation of the figure and the prevention of hemorrhage."

Philadelphia Degrees.

Owing to the culpable remissness of those whose duty it is to defend the purity of the degrees of learned institutions in this Commonwealth, Philadelphia degrees are fast becoming the laughing stock of the civilized world. In a recent number, the editor of the English *Independent*, referring to the debate on the University Tests bill, remarks:

"We confess to some lingering prejudice in favor of associating a doctorship of divinity with a knowledge of divinity; but if ministers will go to American medical schools for their D.D.'s, we suppose that must be an unfounded prejudice. Amongst us the degree neither certificates soundness nor profound learning."

The Philadelphia Colleges.

The various colleges of this city closed their commencement season on March 15th, with that of the College of Pharmacy. The following gives the number of graduates at each of the colleges this session:

Philadelphia Dental College	73
Pennsylvania College of Dental Surgery	38
Jefferson Medical College	127
University of Pennsylvania	114
Woman's Medical College	17
Philadelphia College of Pharmacy	69
Total	438

Ozone Developed by Flowers.

Nature extracts from the proceedings of the Institute of Lombardy the result of Prof. MANTEGAZZA'S experiments on this subject. We give a portion: The essences of mint, turpentine, cloves, lavender, bergamot, anise, juniper, lemon, fennel, nutmegs, cajeput, thyme, cherry, laurel, in contact with atmospheric oxygen in light, develop a very large quantity of ozone, equal if not superior in amount to that produced by phosphorous, by electricity, and by the decomposition of permanganate of potash. The flowers of the narcissus, hyacinth, mignonette, heilotrope, lily of the valley, etc., develop ozone in closed vessels. Flowers destitute of perfume do not develop it, and those which have but slight perfume develop it only in small quantities. As a corollary from these facts the professor recommends the use of flowers in marshy districts and in places infected with animal emanations, as the powerful oxidizing influence of ozone may destroy them. The inhabitants of such regions should surround their houses with beds of the most odorous flowers.

"The Double-headed Girl."

Many inquiries having been made in regard to a medical examination of the twin negro children, now, and for some time past on exhibition in this city, we shall in our next, or succeeding number, give a full account of the case, accompanied by two well executed wood cuts.

Dr. HARVEY D. ADAMS, of Mill River, Mass., fell dead from his carriage while riding a few days since from Great Barrington.

J. H. PARKMAN and wife have instituted a libel suit against *The Pacific Medical Journal* of San Francisco, claiming $50,000 damages.

Correspondence.

DOMESTIC.

To Prevent Pitting in Small-pox.

EDS. MED. AND SURG. REPORTER:

Small-pox is more feared by the people for its effects than for its dangers; all persons have a dread of being marked by it. There have been many remedies suggested to prevent pitting—the majority of them being difficult and unpleasant in their application. Pitting rarely occurs upon places of the body excluded from air and light. Pustulation is the result of the eruption exposed to those causes. The indication, therefore, would seem to be to prevent the action of air and light. I have accomplished this in several cases; not only of those of brunette, but blonde complexions; in mild as well as in severe cases of variola and varioloid, by the use of an ointment made of *charcoal* and *lard*, applied freely over the surface of the face, neck and hands—applied as soon as the disease is distinguished, and continued until all symptoms of suppurative fever had ceased. The application allays the itching, and seems to shorten the duration of the disease, and leaves the patient without a blemish; the eruption protected by the ointment not even showing signs of pustulation; the charcoal preventing the action of light, and lard that of air. Of course, during its application the patient does not present a very pleasing appearance, but a temporary disfigurement is preferable to a permanent one.

J. H. BIRD, M. D.

Sioux City, Iowa, Feb. 23, 1871.

Hydrate of Chloral in Neuralgia.

EDS. MED. AND SURG. REPORTER:

I was called early in the morning of January 2, 1871, to see Mr. T. W. I found him suffering with severe infra-orbital neuralgia. The pain was constant and severe; at times it would increase so as to be hardly endurable; he would walk up and down the room, swinging his arms and screaming like a madman. I ordered thirty grains of chloral hydrate in syrup of ginger every half hour, till relieved. The first two doses seemed to have but little effect. A few minutes after the third dose (making a drachm and a half in an hour and a half), he went to sleep. I called again early in the evening and found him still asleep. He awoke about eight o'clock, asked for a drink and more chloral. The nurse gave him thirty grains, after which he went to sleep and slept soundly until morning.

He got up in the morning, free from pain, eat a little breakfast, and wrote several business letters. Soon after, the pain returning, I gave him thirty grains more chloral; he slept most of the day; at 6 o'clock, P. M., gave him thirty grains more, and at seven o'clock applied three foreign leeches, of which he knew nothing when he awoke the next morning.

January 4th, gave him 15 grains at night; pain entirely relieved; a little nervous. From the first I gave him quinine and iron. What remedy in the whole list of medicines could I have used to relieve the pain in this case, with so good a result, and not interfere with the other treatment?

EDWARD NORTH, M. D.

Hammonton, N. J.

A Remarkable Case.

EDS. MED. AND SURG. REPORTER:

Some time last fall I was consulted by Mr. Thos. O'Harra, of this city, born in Ireland, æt. twenty-five years, a strong, robust, healthy man, employed for the last year by a contractor of this city as a teamster. When I first saw him he had a difficulty of the left leg—had been troubled for the last five years. Commenced by swelling gradually, with some pain and tenderness. Kept increasing in size from the first attack; when I first saw him the calf of the leg was double its natural size, presenting a fearful looking indurated tumor; some redness and slight tenderness. He had been treated, before I saw the case, with all the liniments and washes that he could think of. I could not satisfy myself fully what the nature of the difficulty was. His general health and appearance did not indicate a scrofulous disease. I gave him some general treatment, with poultices, iodine, etc., locally, but the case did not improve; tumor kept increasing in size, with more tenderness, getting so he could hardly touch his feet to the floor, and his general health began to be affected. I finally decided to make a free incision into the tumor, thinking that, perhaps, the bone might be implicated. I used an ordinary scalpel, and when in about 2 inches, introduced a probe, and a hard substance was struck, which I was sure was foreign. I then withdrew my probe, and with a pair of bent, slim forceps, I extracted a piece of ordinary window glass $1\frac{1}{2}$ inches long and $\frac{1}{8}$ of an inch in width. I again introduced the instrument, and to my astonishment brought out a second piece of glass $1\frac{1}{4}$ inches long by $\frac{1}{2}$ inch wide at one end, and tapering to a point at the other. I again introduced the probe, thinking perhaps I had discovered a glass factory, but after a thorough examination could find no more. Upon examination of the pieces I found they had been broken apart either by the instrument or in some other manner. Now, I must say I was astonished that it should be possible for this man to have a fragment of glass of a size (putting both pieces together) equal to $\frac{5}{8}$ of an inch in width and $1\frac{1}{2}$ inches

in length, in his flesh for that period of time. But there is still a greater marvel connected with this case:

Mr. O'Harra has no knowledge whatever of having at any time met with an accident whereby the glass could have been thrust into his flesh, nor does he recollect of ever receiving a wound, at any time, upon that leg or any part of the body. If the man was in the habit of getting drunk the mystery would not be so great. But he has not, nor has he ever, indulged in the use of liquor, but is represented as being an honest, sober, and truthful young man, and his family sustains the same reputation. The parents have no knowledge of any circumstance or accident that could account for the glass getting into the young man's flesh. I am no believer in mysteries and wonders, but there is certainly something a little strange in this case, which I have no doubt might be explained upon scientific investigations. The leg is now nearly well and the tumor almost gone. H. A. SPENCER, M. D.

Erie, Pa., Feb. 26, 1871.

NEWS AND MISCELLANY.

WORDS OF ENCOURAGEMENT.

Dr. B. H. D., Ga.—THE REPORTER is always the first opened when the mail arrives, and I find continual pleasure and benefit from re-reading the back numbers.

QUERIES AND REPLIES.

Dr. C. E. O., Miss.—A new edition of Bartholomew on Hypodermic Injections is in press, and will be mailed as soon as ready.

Dr. R. H. D., Ga.—We would recommend Woodward's Student's Microscope—price $50.

Dr. W. C. S., Ind—Send $2.25, and Naphey's Modern Therapeutics will be sent by mail, postage prepaid.

Dr. G. C. C., Mo.—The *American Journal of Obstetrics* has raised its price to $5. We shall not commute with it any longer.

MARRIED.

DOW—BOGGESS—In Monmouth, Ill., March 2d, 1871, at the residence of the bride's father, by Rev. R. C. Mathews, D. D., Dr. S. A. Dow, of Young America, Ill., and Miss Kate, eldest daughter of Hon. H. M. Boggess.

MORSE—DUCAT—At the residence of Gen. Ducat, Evanston, Ind., on the 4th inst., by the Rev. George C. Noyes, Dr. Daniel Morse and Miss Catharine E. Ducat.

PARKER—GUION—Tuesday, March 7, at the residence of the bride's mother, Clermont county, O., by the Rev. Frank Mitchell, A. A. Parker, M. D., of Cincinnati, and Miss Ella S. Guion.

YOUNG—CHURCH—In Lyndon, Jan. 21st, Dr. David S. Young and Miss Lois A. Church, both of Kirby, Vermont.

DIED.

BELCHER—At Albany, N. Y., March 14, Charles S. Belcher, son of Dr. William N. Belcher.

BROWN—In West Charleston, Vermont, February 22, Hattie M., only child of Dr. A. P. and Malora Brown, aged 4 years and 3 months.

CARROLL—At the residence of his daughter, Mrs. D. H. Taylor, at Oakley, March 13th, 1871, Dr. Thomas Carroll, of Cincinnati, in the 77th year of his age.

SEARS—At his residence, Blooming Grove, N. Y., March 4, 1871, of rheumatism of the head, Dr. George H. Sears.

OBITUARIES.

DR. BARTHOLOMEW FUSSELL died February 15th, at Chester Springs. He was born in Chester county, Pa., in 1794, and belonged to a family prominent in the Society of Friends, the ancestors of which emigrated from England to Pennsylvania among the early settlers under William Penn. When a young man, Bartholomew Fussell removed to Maryland, to occupy the position of a teacher, and became prominent as an active opponent of slavery. He taught school during the week, read medicine in the evening, and also established a Sunday-school where classes of over ninety negroes were instructed in the primary branches. He afterward graduated in medicine, and attracted attention by the theory which he advanced, that slavery was the cause of the diseases with which the community was afflicted. Returning to Pennsylvania, Dr. Fussell commenced the practice of medicine, and his house became the shelter of numerous fugitive slaves, 2,000 of whom, it is stated, were aided by him to escape. He was an early advocate of the education of women as physicians, and as far back as 1840 instructed a class of women in medicine. He was also one of the founders of the Women's Medical College in Philadelphia, although not directly connected with that institution.

ALEXANDER EDDY HOSACK, M. D., whose death occurred at Newport, R. I., on March 2d, was born in New York City, on April 6th, 1805, and graduated as Doctor of Medicine at the University of Pennsylvania in 1824. He then proceeded to Paris and passed three years in the medical institutions of that city. Returning to New York, he commenced practice, which, after the death, in 1835, of his father, the celebrated Dr. David Hosack, became very extensive and lucrative. He confined his practice chiefly to general surgery, and was the inventor of several instruments, the use of which facilitates and materially diminishes the hazard of a variety of surgical operations. Dr. Hosack, it is stated, was the first practitioner in New York City who administered ether during a surgical operation. He was for many years the attending surgeon of the Marine Hospital, New York, and was instrumental in establishing the Emigrants' Hospital on Ward's Island. In 1867 Dr. Hosack visited Europe and remained there for several years, until the breaking out of the Franco-German war compelled his return to the United States. He then settled at Newport, R. I., where he died.

DR. T. H. BAKER.

DIED.—At Woster, Ohio, March 5, 1871, T. H. BAKER, M.D. in the 51st year of his age.

At a special meeting of the Wayne County Medical Society, held at the office of Dr. Liggett, Monday evening, March 6th, 1871, Dr. Cunningham, as chairman, stated the object to be to take some action in reference to the death of our co-worker, Dr. T. H. BAKER. On motion a committee, consisting of Drs. Robison, Battles and Barrett, was appointed to draft resolutions expressive of the feelings of the society. They reported as follows:

WHEREAS, It has pleased Almighty God, in His providence, to remove from us by death, our esteemed friend and co-laborer, Dr. T. H. BAKER.

Resolved, That in his death the profession has met with an irreparable loss, science an earnest devotee, his medical brethren a firm friend and counselor, the community a useful and worthy citizen, whose life was a continued sacrifice to the cause of humanity.

Resolved, That we tender his friends and relatives our heart-felt sympathies, and as a mark of respect we will attend the funeral in a body, and wear the usual badge of mourning for thirty days.

Resolved, That a copy of these resolutions be placed on the records of the society, sent to the friends of the deceased, and published in the county papers, the medical journals of the State, and THE MEDICAL AND SURGICAL REPORTER of Philadelphia. J. M. WEAVER, Secretary.

THE
MEDICAL AND SURGICAL REPORTER.

No. 735.] PHILADELPHIA, APRIL 1, 1871. [Vol. XXIV.—No. 13

Original Department.

Lectures.

ON MALIGNANT DISEASE OF THE OVARIES.

By Dr. T. Gaillard Thomas,

Professor of Obstetrics and the Diseases of Women and Children in the College of Physicians and Surgeons, New York.

[Delivered March 16, 1871, before the New York Academy of Medicine, the President, Dr. Peaslee, in the chair. Reported in abstract for The Medical and Surgical Reporter.]

The varieties of true cancer of the ovaries are, 1st, Scirrhus; 2d, Medullary; 3d, Scirrhus and Medullary combined; 4th, Arborescent Growths from the Walls of Cyst.

Scirrhus is of slow growth, attaining the size of an orange. It occurs either primary or secondary.

Scirrhus and Medullary occurs either as endogenous or exogenous to the cyst. It is not yet settled whether colloid should be ranked as benign or malignant. Virchow says that it is according to whether it is on a benign or malignant base.

The Arborescent Growths from the Walls of the Cyst grow into the cavity of the peritoneum. Dr. Peaslee removed one of this class 15 or 18 years ago, and it has not returned.

CLINICAL CASES.

CAULIFLOWER DISEASE OF OVARY.

Case 1.—Mary A., æt. 21. Sallow, slightly jaundiced, and excessively emaciated. At the operation a large amount of fluid was found in the cavity of the peritoneum. The ovaries were found to present a cauliflower mass. This was removed. The patient rallied well, but on the seventh day died.

In this case no diagnosis was made previous to the operation.

CANCER OF LEFT OVARY.

Case 2.—Mrs. H., æt. 28. This case was tapped, then injected, but it was found that in tapping the cyst did not collapse. The sixth day after the operation the patient died. The cyst was composed of a papillary growth similating honey comb.

CANCER OF BOTH OVARIES.

Case 3.—Mrs. H., æt. 27. Patient was robust; had been married but for two years. The ascites was very marked. On physical examination a tumor was discovered in the iliac fossa, and the strong suspicion was that the case was malignant. The case was first tapped, much to the relief of the patient; eventually ovariotomy was performed; on the fifth day patient died. The strong suspicion, if not the diagnosis in this case, rested on the rapid development of ascites, with the presence of two hard masses in the iliac fossæ, made very evident after tapping.

MEDULLARY CANCER OF OVARY.

Case 4.—D. K., æt. 24. This patient was pronounced by several gentlemen in the city to have malignant disease, and an operation was disadvised. However, one gynæcologist undertook the case and operated; death resulted in 36 hours. One of the ovaries was found to present cancer of the medullary form.

Case 5.—Mrs. G., æt. 48. Five or six months before being seen complained of a painful lump in the iliac fossa followed by excessive dropsy. On physical examination a hard lump, the size of a fœtal head, was discovered in the iliac region.

In this case a positive diagnosis was made, and the patient much relieved by tapping during December. Every month since then, up to the present, this has been had recourse to. The symptoms that will be of most importance in determining this class of cases will be very extensive ascites, with no other lesion to account for it, and together with this

ascites, œdema of the feet. Burning pain over the lower part of the abdomen, marked depression, with anæmia, may usually, though not at all times, be found. A diagnosis may be very much obscured in pregnancy with dropsy; or, in case of fibroid tumor, with cirrhosis of the liver, paracentesis will do much to clear up a diagnosis, but if the case were similar to the second one recorded, it would make matters worse.

Dr. NŒGGARATH endorsed completely the views of Dr. Thomas. He had seen twelve cases. There were two other symptoms he would wish to add to those already enumerated. Hardening of the recto-vaginal septum, with infiltration of the glands of the abdomen and omentum.

The President concurred with Dr. T., and was very much obliged for the paper, inasmuch as he was not aware that any paper had before been written on the subject. He drew attention also to the rarity of the condition. In 105 cases of Dr. KENNETH, of Edinburgh, three were malignant; in 214 cases of SPENCER WELLS there were but three cases noticed. He concluded with the opinion that œdema of the part with ascites and deposit in the recto-vaginal space were the best symptoms.

COMMUNICATIONS.

PYGOPAGUS SYMMETROS.

By RALPH M. TOWNSEND, M. D.,
Of Philadelphia.

A monstrosity, in the shape of twins united by the sacrum and coccyx, is now being presented to the American public; and as physicians in different parts of the country are called upon for opinions concerning it, a complete history of the case is herewith presented.

By exhibitor's license these twins are advertised as one, being spoken of as *she*, and

addressed generally as a unity instead of a duality. These children, named Millie and Christina, are of African parentage, and were born in North Carolina, July, 1851. The *Stethescope*, of July, 1852, contains a short sketch from the pen of the editor, Dr. P. C. GOOCH, in which the mother is described as a very stout negress, 32 years of age, very fat, and of large frame and pelvis. Her labor in this case was brief and easy. The larger child was born first by a stomach presentation, and the second came by the breech. The children were noted as being remarkably sprightly and healthy, perfectly formed, but united at the sacra. The band of union seems to be chiefly cartilaginous, but the sacra are so closely approximated that some suppose there is osseous union of these. Furthermore, "there is but one external organ of generation, though the folds of the skin would seem to make for *each* the labia externa. The clitoris of each is distinct and the meatus urinarious of the one is almost directly opposite to that of the other. There is but one anus and one sphincter ani, but there are many reasons for supposing that the common rectum does not extend higher than half an inch before it bifurcates. When I saw them the elder and larger one was in a tranquil sleep, but it was awakened by the action of the bowels of its sister, who was then laboring under a diarrhœa. When one has an evacuation of the bowels, both strain. It was my opinion that there was a common vagina for a short distance, as in the case of the rectum, but my friend, Prof. C. P. JOHNSON, who has since examined them, is under the impression that the vaginæ are distinct throughout."

Prof. H. V. N. MILLER thus describes them in the *Southern Medical and Surgical Journal*, February, 1854: "The os coccygis of each is bent backward, and continuous with that of the other. The lower third of each sacrum is in like manner joined, forming with the attached muscles and integument a firm band two or three inches in diameter, but so short that the nates of each child are pressed against those of the other. They are thus united back to back, but not exactly parallel; there being a slight inclination to the right side of one and to the left side of the other. In consequence of this obliquity, they lie more comfortably on one side than the other, and from having been from birth constantly laid in this position, their heads are not symmetrical, the bones of the cranium having apparently yielded to the continued pressure in one direction."

In the *American Journal of the Medical Sciences*, July, 1854, these twins are spoken of as having a common anus and vulva. "Both have the desire to go to stool, and discharge their urine and fæces, at the same time. One suffered severely from teething, the other but little. One of them is a larger, stouter child than the other, but not perceptibly more intelligent. Their intellectual operations are as distinct as though no union existed."

In 1855 these twins were exhibited in London, and were there examined by Prof. RAMSBOTHAM, who, in the *London Medical Times and Gazette*, Sep., 1855, records his observations:

"All four of the tuberosities of the ischia appear perfectly distinct. There is but one anus, occupying the position it would naturally do, as regards the coccyx in one of the children, provided that child were separated from its sister. In a corresponding part of the body belonging to the other child, there is a deep, blind depression, such as we see in one variety of imperforate anus, looking very much, when superficially examined, as if it were the termination of another rectum. Within the anus the finger passes into a wide cavity, the common continuation of the two intestina recta; but the place where the two bowels unite in one canal is out of its reach. There are two sets of external organs, at the lowest part of the union of the two bodies—two clitorides, two hymens, and two meati urinarii; but there is no fourchette; for the labia externa of each running backward in relation to each body, behind the sympabis pubis, meets the labia coming from the other, and by their junction produces an appearance of there being only one vulva.

"Each of these conjoined labia is not longer than an ordinary labium of a child of the same age, one inch—and the fossa naricularis, although it contains a double set of external organs, is but little larger than if it belonged to a single child. The genital fissure, instead of commencing anterior to the lower part of the symphysis pubis, begins quite underneath, at some distance behind the symphysis. Each symphysis pubis is naturally formed, and they are separated from each other by a considerable space. The anus is on one side of the

vulva, so that what answers to the perineum, about half an inch in extent, runs laterally to the tips of the coccyx, which is somewhat twisted to one side. There are two vagina and without doubt two uteri. There is reason to believe that although the sacra are united, the caudæ equinæ are separate; for if the external genital organs of the one are touched, the other does not feel it; but the same remark does not apply to their lower extremities. The connection between these African twins bears a great resemblance to that of the Hungarian sisters, who were exhibited in London at the beginning of the last century."

In May, 1866, these twins were on exhibition in Washington, D. C., and were there examined by Prof. C. A. Lee, who reports them as "two negroes, united from the lumbar vertebræ down to the end of the sacrum. There are two heads, two bodies, four arms, four legs, one anus, one vagina, one desire to urinate and one to defecate (simultaneous). Two hearts, one on the left side of the one, and one on the right side of the other girl. They were born of slave parents, in 1851, in Columbia co., N. C. They weighed seventeen pounds at birth. Pain or sensation below the union is felt by both; one can locate its seat, the other cannot, but feels it; could tell, for example, how many times I pinched her sister. They are very active and intelligent, sing well, read, dance and run; never quarrel or disagree. They have menstruated seven months. They have never been sick but once; they had fever and ague, and were taken at the same time. Mother weighs 240 lbs., father 160; both full blooded Africans; mother has had 17 children.

"One of the sisters may have headache, the other may not; one my sleep while the other is awake, etc. They experience hunger and thirst, however, at the same time; appetite good. Height of one, four feet five and a half inches; of the other, four feet six inches. They are united back to back. They have become accustomed to face the same way, so that the outer legs (one right, the other left) are larger, better developed, and stronger than the inner. The feet, of course, are placed quite obliquely when they walk. The larger one can walk and carry the other. They walk well on the outer legs."

During their somewhat lengthy stay in this city, these twins have been under the professional care of Dr. Wm. H. Pancoast, having consulted him, among other things, concerning an abscess, occupying that part of the body of one of the twins before described in this report, as "a deep blind depression, such as we see in one variety of imperforate anus, and looking very much, when superficially examined, as if it were the termination of another rectum." Dr. Pancoast traced this abscess into the bowel, and regarded it as an effort of nature "to open communication." As a result of his private examinations, Dr. Pancoast demonstrated the existence of two bladders with a common partition; two recta with a common anus; but was *unable to discover more than one womb, the same having a very long neck, and communicating with a common vagina.*

On the 8th of March, in company with Drs. Wm. H. Pancoast and Wm. Pepper, I visited these girls at their hotel. One could not fail to be impressed with their politeness and intelligence. Both sing and play upon the piano or guitar. They walk around the room with a curious, crab-like movement, and yet with perfect ease. They appear perfectly contented and happy. A random conversation, both with the girls and with the lady, the latter formerly their owner, who has charge of them, revealed the following points: With one exception, neither was ever sick while the other continued well. At the time referred to, Millie had the diphtheria. One may, however, have slight symptoms, such as pain in the stomach or headache, without the other suffering. They mensturate simultaneously and regular, and there is no more blood on the napkin than is natural for one person.

It was also stated that one never suffered from diarrhœa without the other. This statement only careful observation could disprove; for having but a common outlet to their bowels, and habit having caused them both to strain at stool together, it would be almost impossible for the girls themselves to tell whether one or both were enjoying the occasion. It was not without a certain grim humor, therefore, that we heard the statement, that whenever a cathartic pill was needed for one the other was similarly treated. On being requested, the twins stood erect on all four legs and walked. Then they held up the inner legs, walking on the outer ones; and finally held up the outer legs and walked on the inner ones. But this they did with fear and trembling.

One was told *to will* to lift up the other's leg; but this neither could do. Each, however, possesses perfect motor power over her own limbs. The feeling of each is also as perfect as possible, as far as the individual limbs of each are concerned.

One can *recognize*, but *cannot locate*, external impressions on the other, at any point below the connecting band.

The æsthesiometer placed on the inside of the leg of either Chrissie or Millie, showed the limit of recognition to be about two and a-half inches, which is the normal accuracy of the skin in this locality.

When the poles of a Farradaic current were placed in the hand of one, and on the outside of the opposite leg of the other, both felt it.

Powerful contractions of the perinei muscles result from a current passed from Chrissie's left hand to the external popliteal nerve of Millie's outer leg. Christina also felt the current in her left arm.

When the poles were placed over the external popliteal nerves of both outside legs, powerful contractions of the perinei muscles of both girls were simultaneously produced. Sensation perceived at the point of application and down to the ends of the toes of each. When the poles were applied over the middle of the connecting band and the external popliteal nerve of Millie's outer leg, both feel it. Chrissie feels it in Millie's leg! Millie's muscles contract powerfully.

When the poles were placed over the dorsal region of each, both feel. One pole placed over Chrissie's dorsal region, and the other over the patellar plexus of Millie's outer leg, both feel, and powerful contractions of Millie's thigh muscles result.

From these somewhat indefinite experiments we derive the opinion that the connection between the nervous systems of these girls consists in the inosculation of the sensory terminal branches of their spinal cords; and from the position of their pelvic viscera a blending of the inferior hemorrhoidal; vesical and vaginal plexuses of the sympathetic.

Of their psychical and psychological relations we can be in no doubt, as the power of individual thought and reflection possessed by each brings individual responsibility. Neither reasoning in the light of these investigations and from analogy can we be much in doubt concerning their separate and related anatomy. A distinct circulatory and respiratory system belongs to each. For instance, at one examination, the pulse of Millie was found to be 80, while that of Chrissie was but 68. And finally, as there are two distinct bladders and two recta, it is fair to presume that there are two uteri, either separated by a partition or their cavities coalesced and connecting with a common vagina.

What is more absorbing about this case is its medico-legal relations. For instance, did a man marry both, would he commit bigamy? Did separate men marry either twin, and offspring result, who would be the father and who the mother? How could we define adultery in such a case? etc.

In conclusion, I would thank Dr. Wm. H. Pancost for many privileges granted me in connection with this case, and Dr. F. F. Maury, for allowing the use of photographs from which I have copied the cuts which head this article, especially as the photographs are to be used to illustrate an article, by Dr. Pancoast, on this subject, in the coming number of the *Photographic Review*.

MEDICAL PRACTICE IN VIRGINIA.

By F. Horner, Jr., M. D.,
Of Salem, Va.

MALARIAL FEVERS.

The cycle for the prevalence of intermittent and continued fevers appears to have returned in certain localities which have not suffered from them for several years past. During the late autumn, in the month of October, the physicians of the District of Columbia were called upon to treat many cases of mild intermittents. In a short time the malaria to which it was attributed invaded the higher parts of the city even to Capitol Hill, and to the counties of Virginia near the Potomac river.

By reference to the record of the weather which was reported to the Smithsonian Institute by the able corps of observers in the employ of that institution, there appears to have prevailed, for two years past, unusual extremes of heat during the months of July and August, an excessive amount of wet weather in May and June, and exuberant vegetation, all of which conditions have ever been favorable to the development of malarial disorders. On account of their prevalence in

Washington city, many persons have been obliged to continue the use of quinine during the late winter months.

Intermittent fever has ever been very common in the vicinity of the United States navy-yard there, where the officers and operatives at one time suffered greatly from this cause. In the neighboring country the fever assumed, in some instances, a typhoidal form. In the Piedmont district of Virginia, near Warrenton, a number of persons died after a brief illness from this disease. Impure water, which is chiefly obtained from wells; defective food, in quantity and quality, with the excessive heat and wet weather of the summer, acted as predisposing causes.

The use of the thermometer proved a most valuable aid to determine the prognosis and to mark the crisis in the worst cases. The maximum temperature of 105° was always a sign of danger.

CHRONIC HYSTERIA.

Certain it is that nervous affections have greatly increased within a few years past—an evil to be attributed, perhaps, to the reverses incident to the late war, and to the dissipations of society. In the Southern States delicate females, who had been reared in affluence, have now imposed upon them not only the cares of maternity, but the anxiety incident to poverty. The children of this class exhibit a tendency to scrofula, tuberculosis, and to deformities. The example of hysteria to be noticed occurred in early life to a married lady. At that time her physician, unluckily, did not recognize the existence of malposition of the womb, and the life of his patient, during the period of child-bearing, was truly a slow martyrdom. At that period the attacks of hysteria came on in the spring and summer; now, at advanced age, slight causes will occasion them to recur in the winter season, with symptoms of angina pectoris, syncope and great mental depression. The absence of the pregnant state may account for a reversal of the period of these attacks. Mild purgatives and anodynes, with absolute rest and change of scene, have never failed to afford relief. Opium or hydrate of chloral, both of which induce cerebral and cardiac excitement, prove injurious, and will not be borne in cases of chronic hysteria.

INFANTILE SYPHILIS.

An interesting example of syphilis in the infant has lately occurred in my practice. The mother, a creole, contracted the virus in the early part of the war from a negro, and previous to inoculation had borne three healthy children, now nearly grown. She has since had repeated miscarriages. During her late pregnancy the accident was averted. The infant at birth was shockingly disfigured. The eruption over the face and extremities bore the characteristic copper color. There was extensive ulceration between the thighs and about the nates. This infant has a slight chance to survive, under judicious treatment. At an advanced stage of the affection such patients are apt to lose flesh; the skin becomes dark and shriveled, and presents the appearance of hypertrophy; the lips and gums are fissured, and bleed freely; the countenance is ghastly and shrunken, and, in the majority of cases, the issue is fatal.

The physician can not be too cautious to avoid contracting this loathsome form of disease from his patient. The services of the midwife are indispensable. The treatment has been to put the child on a diet of cow's milk, and to use freely the tepid bath; mucilage and bran dressings to the ulcers, with the internal administration of iron, subnitrate of bismuth, and Dover's powder. The mother takes iodide of potassium and iron, which was preceded by minute doses of mercury.

Hospital Reports.

PHILADELHPIA HOSPITAL.

Surgical Service of JOHN H. BRINTON, M. D., One of the Surgeons to the Philadelphia Hospital; Surgeon to the St. Joseph's Hospital and Lecturer on Operative Surgery in the Jefferson Medical College.

[REPORTED BY RALPH M. TOWNSEND, M. D.]

Wednesday, February 15th.

Urinary Fistula—Perineal Section.

GENTLEMEN: I propose to direct your attention this morning to the consideration of urinary fistula and urinary extravasation, very grave conditions, demanding for their relief prompt and energetic interference on the part of the surgeon.

The patient before you suffers under these troubles, and his case is a most interesting one, in many respects typical of a class. I wish, therefore, to point out its prominent features, and after the necessary operation, shall avail myself of this opportunity to say a few words to you as to the causes, nature and treatment of the malady in question.

As introductory to these remarks let us first inquire into the history of this patient. He is a sailor, an American, æt. 22. About May, 1870, he contracted a gonorrhœa, and at the same time a chancre. These accidents were followed in two or three weeks by a suppurating bubo in the right groin, which opened spontaneously. In the month of October, swelling of both testicles occurred. In November he experienced some difficulty in micturition, which gradually increased until his admission into this hospital, about the end of December. At that time the penis was enlarged, and the perineum was swollen prominent, and painful under pressure. Micturition was accomplished with great difficulty; only a few drops of urine passing at a time. An examination of the urethra revealed the presence of an irritable and almost impassable stricture of great firmness and resistance, just in front of the membraneous urethra.

The general condition of the patient was bad; he was exhausted, irritable and feverish. His pulse was quick and feeble, and his appetite and sleep were greatly interfered with. Suspecting the existence of perineal abscess, the result of the irritation of the stricture, I incised the perineum in its raphe and opened an abscess, which had formed beneath the membraneous urethra. About two drachms of pus escaped, to the patient's great relief, and his urination became at once more free and less painful. On the following day urine commenced to pass through the perineal opening in small quantities, and the amount has gradually increased up to the present time, while that passing by the natural channel has proportionately decreased. In fact, now, scarcely any can be said to flow through the urethra.

From the 8th to the 24th of January this man suffered from a painful orchitis, attacking first one, and subsequently the other testicle. His general condition sympathized with the increasing sources of irritation, and all operative interference was necessarily deferred. In the latter part of January the febrile symptoms were augmented, and a few days since, a tendency to extravasation or infiltration of urine, became manifest. This was met by external incisions, and the track from the perineum up into the bladder was kept open by the occasional introduction of a flexible catheter of good size. In spite, however of these precautions, the urinary extravasation has increased rather than diminished; fresh openings have formed in the periuenm and at the base of the scrotum, and the constitutional dtsturbance is great. I have, therefore, arrived at the conclusion that the peril to this patient's life can only be averted by a resort to perineal section; the object of which, as you know, is the complete division of the stricture and the restoration of the natural channel—the urethra—for the passage of the urine.

In this case, the conditions for operation are undoubtedly unfavorable, yet, at the same time, it has been decided in consultation that the patient's life will be jeopardized to a less degree by the performance of the operation now, than by its deference. Indeed, in my own judgment, his only chance of life depends upon the immediate division of the urethral stricture and of the distended perineal structures. By the former, all obstacles to the free and natural exit of the urine will be done away with; by the latter, the urinary extravasation, which has already taken place, the stuffing and choking of the perineal tissues, and the burrowing of abscesses, will be relieved and put a stop to.

Our patient is now etherized, and I will examine the conditon of this urethra in your presence. I carry down a sound number eight of English scale, and you see that it will not pass the stricture. I try a much smaller instrument, and am equally unsucessful. Even the point of Mr. Symes' staff, which you have so often seen used in this arena, fails to find its way through this grasping obstruction. Nor am I more fortunate with this slender whalebone bougie, upon which I so much rely, and which has usually proved so satisfactory in my practice. In short, this stricture appears to be impassable; I do not mean to say that it really is absolutely and impermeable, that I could not, with time and patience, succeed in getting some sort of an instrument through it. But this I mean, that for all practical purposes of operation, for the relief of the patient this morning, now, I must proceed in the supposition that I cannot pass my guiding staff through the urethral obstacle.

What then must I do? See, I carry a large staff, with a deep broad groove upon its convexity, down the urethra, until its point is arrested by and engaged in the stricture. I now have the instrument held firmly by my colleague, Dr. Maury; I then make a free incision in the median line of the perineum, from the fold of the scrotum backward to within three quarters of an inch of the anus. This incision I deepen until I can feel the point of the staff in the urethra. Placing my left index nail in the groove, I now open the urethra; the point of my knife grates upon the staff as I move it to and fro. Through this opening, which I find is just in front of the bulb, I introduce a long, fine silver probe; and, after some little difficulty and groping, I pass it through the obstruction. Then I carry by its side a grooved director, and push the latter on directly into the bladder—a jet of urine tells me that the cavity of this viscus is reached. I next enter this delicate probe-pointed tenotome in the groove of the director, and cautiously divide the resisting stricture for fully an inch and a quarter. I say that I cautiously divide the stricture, confining my internal incision as much as possible to the ob-

struction and to the urethral walls; for were I to cut too freely, and especially were I to depress unduly the handle of my knife, I would inevitably wound the structure of the bulb. The result would be an unnecessary and, in all probability, a profuse hemorrhage. Having thus freely incised the stricture, you see that I can carry my staff without any trouble whatever directly into the bladder. I now withdraw this instrument, introduce catheter number twelve, and wash out the bladder with a little tepid water; not too much, five or six ounces only. I then take out my catheter, see that the bleeding is checked, and have the patient carried to his bed. As soon as he shall have recovered from the influence of the anæsthetic, I direct one-third of a grain of morphia to be administered hypodermically, and at the same time give him by the mouth five grains of quinine.

The operation which you have just witnessed is the old button-hole operation or perineal section, or external perineal urethrotomy, as it is now the fashion to call it. It differs from what is ordinarily known as Syme's operation in this particular, that in the latter the section of the stricture is made upon the groove of this fine Syme's staff, previously insinuated through the stricture.

With regard to the after treatment of this patient, there is one point to which I would particularly call your attention, and that is, that I do not leave a catheter in the urethra and bladder. Many surgeons direct that after such an operation an instrument should always be allowed to remain *in situ*. My judgment and experience, however is adverse to this course, since I am fully convinced that the presence of an instrument is a fruitful source of irritation and after-trouble. I shall simply in this case allow the urine to trickle away by the external incision, which it will do for the first two or three days, after which time it will commence gradually to pass by the natural channel. At the expiration of four or five days I shall introduce a catheter into the bladder, through the urethra, and shall then withdraw it. This I do to insure the patency of that canal. If the introduction of the instrument promises to prove painful, I shall give my patient a little ether, and this procedure I shall repeat every two or three days. The calibre of the urethra will, I hope, soon be reëstablished, and I trust, and indeed believe, that our patient, despite his present unpromising condition, will march steadily on to a speedy cure. If all goes well, the granulation and cicatrization of the external wound will be accompanied by a closure of the incision in the urethral wall, and the fistula will be cured. In all such cases, however, it is necessary to instruct the patient to make use of the catheter from time to time after his recovery, say weekly, in order to prevent a recurrence of the urethral narrowing; and this course should be pursued for many months.

You have thus, gentlemen, witnessed the plan of operation adopted in the difficult and somewhat complicated case of stricture and perineal fistula which I have brought before you this morning, and I have endeavored very briefly to outline for you its treatment. Let us now, with these matters fresh in our minds, glance for a moment at the causes and characters of urinary fistulæ in general.

What a urinary fistula is I need scarcely attempt to define to you, for you have seen many instances of the affection in this amphitheatre. You know that it is an abnormal canal or communication existing between any part of the urinary apparatus and the external surface. It may communicate internally directly with the bladder, but much more frequently its internal orifice is in or near the membranous urethra. Sir Henry Thompson, to whom this branch of surgery is so much indebted, divides urinary fistulæ into three main groups: *first*, the simple fistulæ, mere canals or channels between the urethra and external surface; *secondly*, fistulæ complicated with induration and inflammation of the surrounding tissues; *thirdly*, fistulæ accompanied by sloughing and loss of urethral substance. To these he adds a fourth variety—that of the rectum. I exhibit to you here a specimen of this last form of disease, taken from a patient whom you have all seen, and who died of exhaustion, a day or two ago, in my ward. Fortunately, this variety of fistula, so intractable under treatment, is of infrequent occurrence.

How and why is it that urinary fistulæ form? If you reflect for a moment upon the nature of stricture, the explanation will readily occur to your minds. Recollect that a tight organic stricture is a firm mechanical obstruction to the egress of the urine, an obstruction which can only be overcome by increased propulsive force upon the part of the bladder. Now, as this increased force really is exerted by the bladder, the strain is felt necessarily at the weakest point of the urethra, its membraneous portion, the most frequent site, too, or organic strictures. Dilation of this portion of the urethra behind the stricture then follows, perhaps ulceration, and eventually an opening through the urethral walls. The urine is then free, and drop by drop works its way to the external surface, in the most favorable and mildest cases forming soon an external opening. The simple fistula is complete.

But perineal fistula, originating indirectly from the same exciting cause, may perhaps be preceded by a perineal abscess, external to the urethral walls. This process is analogous to the formation of anal fistula, from the pressure and corroding effects of an ischio-rectal abscess, as I have described them to you in a preceding lecture. An abscess may occur

in the perineum without the membraneous urethra, produced, perhaps, by the irritation of a stricture, or from some other cause, and, as a secondary result, we may have perforation of the urethral canal. Such, I imagine, was the mode of development of the fistula in the patient just taken from the table. First, the structure exciting the perineal inflammation; and next, the abscess in its turn breaching the urethral defenses. You will from this, I am sure, gentlemen, understand the necessity of treating a perineal abscess promptly. Always open it at the earliest possible moment; give its contents free vent; prevent their burrowing; and perhaps you may spare your patient a loathsome fistula. For remember, that if perforation of the urethra occur, no matter from what cause; in all probability it will be followed by escape of the urine, and percolation of the perineal tissues.

The amount of urine passing by a fistula varies greatly in different cases. Speaking generally, the greater the amount the more grave the affection. Many patients will tell you that they discharge but a small portion of their water, say one-fourth or one-fifth, through the fistula, the rest passing by the urethra. Others will say, that scarcely any urine is voided by the natural channel, that nearly all finds vent through the perineum. This latter statement will lead you to predicate an obstinate obstruction in the urethra, and most likely, too, considerable damage to its walls.

I have thus hastily sketched for you the simple fistula. We come now to Sir Henry's second variety: fistula accompanied by induration, not only of the perineum, but oftentimes of the scrotum, the cord, the groin, and the pubic region. In other words, the urine, instead of making but a single comparatively harmless external opening, has pursued an errant course. It has become extravasated, or infiltrated, and has traveled madly on, irritating and inflaming all the tissues with which it has come in contact, and making for itself many points of egress. These multiple openings I have seen frequently, and there are one or two examples of them now in the house.

One of the worst of these cases I ever met with was that of an English captain of a merchant-vessel many years ago, who had unfortunately contracted a gonorrhœa on the eve of a long voyage around the Cape of Good Hope. Stricture resulted, followed by retention. There was no surgeon on board, and the poor fellow made frantic efforts to relieve himself by passing a wire up the urethra. He succeeded, finally, in the attempt, but unfortunately he at the same time lacerated his urethra, and urinary extravasation occurred. His condition became most deplorable, for, although the extravasation and escape of urine doubtless saved his life, he arrived in port with almost as many perforations in the lower part of his abdomen as you would find in the expanded end of a good sized watering pot, and indeed the simile was borne out at every attempt this poor man made at micturition. And in this condition he continued for fifteen years, sometimes so exhausted and reduced as to be confined to his bed, and at others recruiting sufficiently to gain his livelihood by the sea. He had been under the care of many great surgeons, both in England and France, and his stricture, always treated by gradual dilatation, had, after temporary improvement from time to time, invariably elapsed. Such a case now would, I think, be treated very differently, and, I believe, with a far better result.

I have now under my care a gentleman who, abandoning home and business, sought this city for surgical relief. When I first saw him, he was unable to make water, unless in the stooping posture, and with two basins beneath him to receive the urine, so manifold were its streams and so diverse their range. I have merely mentioned these cases to impress upon your minds the pitiable condition of suffering from this second variety of indurated and multiple fistula.

Urinary fistulæ, accompanied by partial sloughing or destruction of the uretha form a third and graver variety of this affection. For their relief a plastic operation of some sort is often demanded; although not always, for I have seen instances in which the loss of substance was considerable, and yet granulation and cicatrization has taken place as rapidly and perfectly as in the simplest form of the trouble.

Thus far I have referred to the existence of stricture as the most frequent predisposing cause of urinary extravasation and fistula, and this is undoubtedly true. At the same time, I would not have you suppose that it is the only cause, for one or other of these phenomena, or both, may attend any rupture or perforation of the urethra, no matter by what cause produced. It not unfrequently, indeed, happens that mechanical violence, such as a kick or bruise in the perineum, a fall astride a beam, a blow from the pommel of a saddle, or like forces, are efficient agents in the production of the affection I am describing. At present I merely allude to these traumatic urethral lesions, and shall defer to a future lecture their more extended consideration.

Treatment.—Having thus passed briefly in review the nature and mode of formation of urinary perineal fistulæ, let me now add a few words concerning their treatment. The chief indication of the latter I can sum up in a single sentence. It is to reëstablish and maintain the patency of the urethra. Once place this canal in a normal or approximatively normal condition, and the probability is that the abnormal urinary channels, in other words, the fistulæ will heal spontaneously. Even should they

not do so at once, they will yet be found vastly more amenable to surgical treatment than before. Let me then beg of you, in combatting this affection, to bear in mind this great principle, and let me enjoin upon you always to direct your efforts, *first*, to clear the urethra of all obstructions; and, *secondly*, to keep it clear. You understand, I am sure of the nature of these sinuses, that they are kept up by the passage of the urine through them. Let this flow cease, let the urine pass by the natural channel, and the function of the false canal has vanished. It will then gradually contract, and most likely will soon close.

If, therefore, you are dealing with a simple fistula, dependent upon organic stricture, attack this latter. If it is a yielding one, employ gradual dilation by instruments, solid and flexible. If it is firm, resisting, obstinate, and refuses to yield to this course, then divide it by internal incision, or rupture it by Holt's method. You have seen over and over again both of these operarions performed on this table, and you are in a fair position to judge of their value. I am sure that there is no doubt in your minds as to their efficacy. Sometimes one, sometimes the other of these procedures may be the proper one, or perhaps they may be combined. You must be governed in this matter, as you well know, by the character of the stricture, its position, firmness, and elasticity, and its degree of irritability.

I will suppose that you have penetrated and overcome the urethral obstruction. The next thing is to keep it in this condition, and to prevent its re-establishment, by proper instrumentation at proper intervals. Then, as soon as the irritability has sufficiently diminished, you must teach your patient how to draw off his own water. This will often require many lessons and great patience on your part. You will, usually, I think, find that he will succeed best with a moderate sized silver instrument, say number eight or nine, not too short in the curve. See that the catheter has a properly rounded, well polished point. Small, round perforations for the escape of the urine are better than the usual oval eyes, since they are less liable to irritate the sensitive mucous membrane. With such an instrument your patient will soon acquire confidence; and his cure is, as it were, in his own hands. Charge him never to permit one drop of urine to leave his bladder, save through the catheter, and under his own direction. Tell him he must use his instrument whenever he wishes to make water, at night before retiring, and always before going to stool.

In the case of the gentleman to whom I have alluded, I obtained a perfect cure by just this process. Three months ago I cut one stricture and burst another in his urethra. A week later I reintroduced the dilator, and established perfectly the patency of the canal. Then I taught him to draw off his own water, and in a very little while, two or three weeks, the urine ceased to flow by the fistula, the opening in the urethra healed, urination was accomplished naturally and easily, and the patient is now cured. The only difficulty I experienced in this case, was in bringing about the occlusion of the perineal sinuses. This I finally accomplished by the insertion first of wire, and afterwards of thread setons, which were gradually tightened on the perineum until they had cut their way out. The track behind them I freshened with my knife, and it healed nicely and soundly. In similar cases this is the course I advise you to pursue. If necessary, refractory sinuses may be treated by caustics, by a hot knitting needle, or by free incisions. In many cases, however, I think quite as good, if not indeed a better result, may be obtained by means of wire and thread setons adroitly inserted, and brought out as I have recommended.

You will frequently observe that fistulous canals in the perineum evince a proclivity to burrow. Always be on your guard against this tendency. Search carefully, and whenever you detect a rambling sinus or canal of a fistula, slit it up mercilessly on your director, or if it be too deep, cut it out with a seton. Where chronic induration of the integuments exists, get rid of it if you can by the knife; if you cannot take away all, remove as many of the knobs and masses as you can.

Such then is the treatment I advise of urinary perineal fistulæ of simple character; a treatment demanding, for its success, gentleness, adroitness, patience, and often boldness on the part of the surgeon, and implicit obedience on the part of the patient.

But you will sometimes meet with cases, as the one this morning, where the treatment above suggested would prove insufficient. The disorganization of the perineum, the result of urinary infiltration, or burrowing, may have been so great; the impression upon the patient's constitution may have been so decided, as to demand an immediate and positive operative interference.

In such cases, therefore, you can not rest satisfied with mere dilatation, or, indeed, with any operation performed from within the urethra. You must do more; you must make a free division of the perineum and stricture from without. You must resort to some form of perineal section. In your selection of this operation you will, if possible, choose that of Mr. Syme. It is, undoubtedly, the least dangerous, inasmuch as the surgeon cuts upon a staff previously insinuated through the stricture. But should the stricture prove impassable you must not hesitate, but proceed at once to the

performance of the operation I have exhibited to you this morning.

You will thus, I think, gentlemen, by some one of the methods referred to, succeed in treating most of the ordinary cases of urinary perineal fistulæ which may come before you. Exceptional instances may occur which will tax your skill to its utmost. But you must never despair of any case simply because it is an unpromising one. Make your best efforts in its behalf, and you may chance success. Remember that in Surgery, as in War—the greater the odds, the greater the triumph.

[March 28th. The patient upon whom the operation of perineal section was performed, is making a good recovery.—T.]

LONG ISLAND COLLEGE HOSPITAL REPORTS.

Obscure Case of Aneurism of Abdominal Aorta, under Medical Service of Drs. A. Hallett and S. G. Armor.

REPORTED BY A. G. LAWBAUGH, M. D.,

(*House Physician*).

Aneurism.

A. B., male; æt. 38; sailor by occupation, and of former good constitution; was admitted to Long Island College Hospital on the 15th day of December, 1870, giving the following history:

Seven months before admission, and while serving on board a man-of-war, was suddenly seized with a *dull pain in the loins*, which was held to be lumbago. The pain was not entirely confined to the spine and hips, but radiated down the left thigh, following the course of the sciatic nerve.

He was for several months under treatment, with but little alleviation of his sufferings, and at this time, from the obscure nature of his complaint with the accompanying small benefit from treatment, he was suspected of *malingering*, and was again obliged to return to work; but the pain increasing in violence, he was again returned to the hospital, where he remained until discharged on the first of December; at this time he had a remission of a few days from the severe neuralgic pain.

On admission he was pale and exsanguine, with distressed countenance; slight acceleration of pulse; fair appetite; but partial inability to sleep, due however, to some extent at least, to inordinate use of alcohol. The principal, indeed only, seat of excruciating pain was in the left hip, radiating down the thigh on that side, with frequent violent spasms shooting forward in a straight direction from spine to lower portion of abdomen.

There was also great inability to lie on the right side, any attempt bringing on a severe spasm of pain; while in bed he lay in a semi-flexed position. The severity of pain was lessened by external heat; hence, to obtain relief, he would sit with his back close to the register to catch the warm air as it came from the furnace. No relief of any consequence was obtained except from the use of hypodermic anodyne injections, mainly consisting of Magendi', sol. of morph., with a minute portion of atropine; and, strange to say, no great ill effect was experienced from them in the way of constipation, which was, at this time, very slight. After suffering, as before mentioned, for nearly six weeks, he suddenly had a remission of all his painful symptoms, and his appetite, spirits and flesh returned, and his sleep became more sound and refreshing. He left the hospital with the intention of returning to work again, so completely was he free from pain, and regained his spirits.

On the 10th of February, 1871, he again returned to the hospital (having been absent a little over a week), and suffering more excruciating pain than ever; a tumor was now detected on the left side, about the position of the kidney. There was *no pulsation*, no *thrill*, no physical signs whatever of aneurism. It was thought, therefore, to be either an enlarged spleen, or some form of malignant disease affecting the kidney. But on carefully examining the urine (both chemically and microscopically), and critically analysing other physical signs and vital symptoms, nothing could be detected which would lead to a clear diagnosis. His general appearance, the character of the pain, etc., led to suspicion of malignant disease.

The constitution now rapidly gave way; the paroxysms of pain continuing with scarcely any intermission; his bowels very much constipated, due, perhaps, in a great measure, to the large doses of morphia taken (often 3 grs. in 24 hours), to alleviate his extreme sufferings; although, on former occasions, the anodyne did not have the secondary effect of constipation. Occasionally he complained of severe pain, situated, as he described it, between the bowels and spine; and as on deep, firm pressure being made, a tumor could be distinctly felt about the situation of last dorsal vertebræ, disease of mesenteric glands was suspected; still, as he only complained of the pain in this situation a few times, that idea was abandoned. During the last two weeks of his life he was almost entirely confined to his bed, and when he did walk about a little, he did so in a stooping position, with one hand pressing on the lumbar vertebræ, not from any great pain or soreness in that particular spot, but as he said, "for support."

He died on the 23d of February, the disease having ran its course in a little less than ten months. His death was rather sudden, as on the evening of the day before death he felt some remission of pain, and said he felt quite comfortable; in less than 12 hours he was dead—dying suddenly—the night watch being attracted by a sudden convulsive starting of the body just before his last.

Dissection.—Body much emaciated and exsanguinated; countenance perfectly placid. The chest was opened first, and, on severing the cartilages from the ribs, a quantity of serous fluid gushed out of the openings made by the knife on the left side, showing that the pleural cavity had been filled by something. On raising the sternum, upward of three pounds of blood were effused, forming a vast coagulum, which filled the entire left pleural cavity, and crowding the lung back to the vertebral column. The clot and serum were removed, but no ruptured vessel could be discovered; a ragged opening, however, was seen in the diaphragm, near the spinal column, and communicating with the abominal cavity, from which, no doubt, the blood had found its way. On opening the abdomen, the muscles and peritoneum forming the anterior wall were found in their natural state. The intestines, liver, spleen and pancreas were in a healthy condition. The serous membrane covering the lumbar and iliac regions of the left side was seen pushed upward and forward by a large, firm tumor, which had also displaced the stomach and spleen forward and to the right side; the tumor extended over the front of the spine, and a small portion lay on the right side.

The right kidney was found natural in both situation and texture; the left one was pushed considerably forward and upward toward the mesian line, somewhat enlarged, and had undergone partial cystic degeneration. The tumor pressed on the nerves of the left lower extremity, being, no doubt, the cause of the severe pain felt there during life. On examining further, the tumor was found to be the *sac of an aneurism*, filled with coagulated blood, evidently the result of an ancient effusion; it had become brown and fibrous, and was disposed in concentric layers, separable by a little force, but connected by numerous reddish fibrous bands. In this sac were two openings, one at the upper portion, through which the large quantity of blood had escaped into the left pleural cavity; the other communicating with the aorta at its posterior portion, immediately above the cœiac axis, and fully an inch in length, and less in width, being of an oval shape.

There was no perceptible dilation of the aorta from the arch downward; the common iliacs were healthy. The sac was of large size on the left side, and adherent to the diaphragm and ribs; on the right side it was about the size of an orange, and not adherent.

The posterior wall was partially formed by the bodies of the three last dorsal vertebræ, which were deeply eroded, but the corresponding intervertebral cartilages remained unaffected, and formed prominent rings.

The heart and its valves were found perfectly healthy, as well as the lungs and œsophagus.

The case may be of interest to the profession, as showing the occasional obscure nature of aneurismal and abdominal tumors. In this case there were no physical signs present which could have clearly warranted the conclusion that the tumor was an aneurismal sac.

The reader will find similar cases referred to by STOKES, in which the most accomplished diagnosticians failed to recognize the true nature of the difficulty during the life-time of the patient.

MEDICAL SOCIETIES

BALTIMORE MEDICAL ASSOCIATION.

Croup.

[REPORTED BY J. W. P. BATES, M. D.]

Dr. ERICH—Croup may be divided into five classes, viz.: spasmodic, catarrhal, inflammatory, membranous and diphtheritic. These are not varieties of one and the same disease, but separate and distinct affections, and one form will not run into the other. There is no danger of a case of spasmodic croup becoming membranous, and the fear sometimes exhibited that such will be the case is entirely unnecessary. Spasmodic croup is a very simple disease and one frequently seen. It comes on abruptly, creates considerable alarm, is seldom dangerous and requires very simple treatment, an emetic being usually sufficient for its cure. Catarrhal croup, or subacute laryngitis, consists of a slight inflammation of the mucous membrane without the production of false membrane. It commences with a cold during the day, and to this are added the spasmodic symptoms of the first variety. The prognosis is favorable, and emetics are usually sufficient for its treatment.

The inflammatory croup, or laryngitis, consists of submucous infiltration. It is insidious in its approach. In adults, œdema of the glottis is frequently peresent. It may be distingished from the other forms by the absence of diphtheritic exudation in the pharynx, and absence of false membrane in the expectoration. Membranous croup presents inflammation of mucous membrane with spasmodic symptoms and exudation of lymph in the larynx. Auscultation is said to be the best means of diagnosing it; but I have not found much asssistance from it. This form is very fatal. In the diphtheritic form we have the constitutional symptoms of diphtheria present, together with extension of the false membrane into the larynx. In the treatment of these last three forms we depend upon emetics, and supporting the strength so as to allow the exudation to be thrown off.

The emetics, most frequently recommended, are alum, turpeth mineral, (gr. ij. to v.), sulph. zinc. and sulph. copper. The first two are to be preferred, as they are less depressing in their effects. In regard to local applications, I have seen good results from a solution of nitrate of silver. Two years ago I attended a child for diphtheria, which was sinking for want of air. For twenty-four hours it had been in this alarming condition, and believing diphtheria to be a constitutional disease, I had long since discarded the use of local applications. Knowing the effect of nitrate of silver, I thought it might relieve the tumefaction. I applied a strong solution (℥ij. aq. ℥j.) to the throat, and it acted almost instantaneously, and the child speedily recovered. I have used it in several cases since, with the same happy results. It is not a specific, however, as it has failed in some instances. It will not remove the false membrane, but relieves the submucous infiltration. One application is usually sufficient. Tinct. iodine might be used for the same purpose. Remedies that act as dissolvents of the false membrane, I think are useless in this disease. The quantity introduced into the air passages is too small to produce any good effect. High temperature is not useful on account of its reducing the strength of the patient. If emetics and local applications fail to give relief, tracheotomy should be performed. Most authors claim that they cure one-third of the cases operated upon. If performed, it is best to use no canula, on account of the granulations produced by it, but to remove an elliptical piece of the trachea and keep the orifice open by suitable hooks.

Dr. Cox.—I had hoped to hear something of the constitutional treatment. Emetics and local applications are the only means referred to. Fever sometimes runs very high, and I would like to know how to combat it.

Dr. Erich.—I shall only refer to two coustitutional remedies, viz.: bleeding and mercury. I am opposed to blood-letting. It does not remove the false membrane, and I have seen no good from it. This is a self-limiting disease, and it is necessary to keep up the strength. The use of mercury is doubtful. I use it very cautiously. Most cases have recovered without its use, and all tracheotomists avoid using it.

Dr. Uhler.—I would like to know what are the causes of croup, and whether Dr. Erich has any light to throw on the subject. As for the local applications of nitrate of silver, I have seen none but bad results from them, and consider them worse than useless.

Dr. Hartman.—As regards the first three forms we all agree. The diagnosis between membranous and diphtheritic croup is sometimes quite difficult, and the general symptoms furnish the only reliable means. If the nervous system is depressed it is probably diphtheritic; if not depressed and inflammatory fever be present, it is membranous croup. The treatment in these two forms is much the same. I am accustomed to rely principally on ammonia carbon. of which I give gr. ijss every two hours to a child two years old. After the first 24 hours I alternate it with cupri sulphas. I have in several instances used inhalations of lime, and frequently order lime water as a drink, alone or combined with milk. Lime water will dissolve the false membrane very rapidly. I do not consider carb. ammon. a specific, but since I have been using it I have seen four times as many false membranes expelled as in all my practice before. I use it to support the strength and also as a solvent. So also with cupri sulph. I do not think all of it is thrown off, but that a small portion is absorbed and acts as a tonic. The case is not always cured when the false membrane is thrown off. If difficulty of breathing remain I give tonics, and of these my favorites are quinine and iron. A child recovering from scarlet fever was attacked by croup just as the eruption passed off. For the first eight days I treated it with carb. ammon., sulph. copper, lime water in milk and beef-tea. The membrane was thrown off in pieces. I then gave quinine and iron, and the child entirely recovered.

Dr. Erich—In regard to the causes of croup I know nothing that is not known to the profession generally. I did not recommend the nitrate of silver as a specific, but advise you to use everything before you resort to it; then, rather than let the child die, it is worthy of a trial.

Dr. Williams—I must protest against the routine use of emetics in spasmodic croup. The digestive apparatus of children are very delicate, and this habit of administering emetics in so many diseases is to be condemned. We do not use emetics in the same diseases of adults, because we know that our patients would not submit to them, and I do not think they are any more pleasant to the child than they would be to the adult. It used to be the habit to leave a croup prescription, containing squills, calomel and tartar emetic, which was used by the family whenever the child had any difficulty of breathing. The child got well, but the stomach was damaged. Pure spasmodic croup is not always the result of cold, it is sometimes produced by indigestion, and here an emetic is proper and cures at once, by removing the offending materials Another form comes without cold, and is purely nervous. The child plays until it is put to bed, and about eleven o'clock it is found to have croup. It is not from cold, not indigestion, but is purely nervous. Here an emetic would be barbarous. The true remedy is a nervine, and of these one of the best is veratrum viride.

I do not see the great difficulty in distinguishing membraneous from diphtheritic croup. In the lat-

ter case, there is first diphtheria which extends into the larynx. In true croup the child is hoarse, and gradually the hoarseness increases. It is not the rough sort of hoarseness of simple laryngitis, but is of a different tone. The breathing becomes tubular and the disease may extend into the pharynx. Here is one great point of difference: the true croup extends from the larynx to the pharynx, while diphtheritic croup proceeds from the pharynx to the larynx. We are rarely at a loss for any great length of time.

We are not justified in treating a case of inflammatory action, (as in true croup), as a case in which the strength is broken down. In diphtheritic form I endorse the use of carb. ammonia and other diffusible stimulants. The false membrane is thrown off on account of the tonic effect on the mucous membrane—that is, it stops the exudation, and is one reason why the remedy is so useful. It is not so useful in true croup. Here we have a true, frank, inflammatory condition to deal with, and there are certain conditions in which nothing will save but the lancet. I remember a case of chicken-pox in which true croup appeared. The child grew steadily worse, and one night seemed to be sinking rapidly. Having tried a number of remedies, which afforded no relief, I thought bleeding was the only hope. I used the lancet, and the child went to sleep and slept comfortably. The disease was checked instantly. On the next night the child was again attacked; used four leeches, which afforded relief. After this the child had no further trouble from the croup, but the attack of chicken-pox was renewed and went on regularly. Did not convalesce rapidly.

Dr. Erich.—How do you explain the relief afforded in this case?

Dr. Williams—The bleeding relieves the congestion of the membrane under the false membrane, promotes absorption of effused fluid, and prevents further effusion. No remedy can effect the false membrane, but we can prevent further effusion. Emetics are only useful to throw off a detached membrane. In spasmodic croup the less we do the better. Calomel I so rarely use that I cannot recommend it. I see no indication for its use, because the disease progresses in spite of salivation, and it requires some time to produce the specific effects.

Dr. Hartman—I belong to the older class of physicians. We were taught that calomel, tartar emetic and bleeding were *the* remedies. I did not like any of them. I can cordially indorse the remarks of Dr. Williams on the abuse of emetics.

Dr. Noel.—Dr. Williams's bleeding and Dr. Erich's nitrate of silver both act by promoting osmotic action, whereby the fluid is removed and allows the false membrane to enlarge, which increased the caliber of the tube. It is not proven that fibrin is a normal constituent of the blood. I deny that fibrin is an exudation, and in this denial I am supported by Paget, Virchow, and others. Fibrin, mucus and pus are all of local formation. Beale says fibrin is a product of the nuclei. The germs instead of forming normal membrane, form fibrin, and thus fibrin is the result of devitalized germs, and lowering the vitality of the nuclei tends to produce it. To counteract this formation, we must use remedies that act directly on these germs. Quininia prevents the migration of white blood corpuscles, and if it prevents this, it acts on the nuclei, and may increase their vitality and form healthy epithelium. Ammonia does not defibrinate the blood, but acts in two ways, viz.: a stimulant and an alkali. By virtue of its alkalinity it is an oxidizing agent. In many inflammations great heat is produced by rapid formation of fibrin, and its rapid oxidation and elimination as a soluble urate. If it coagulates on the throat it is croup; if in the lungs, pneumonia; and if in the skin, phlegmon.

[The reporter regrets that he was unable to obtain a full report of Dr. Noel's remarks on fibrinous exudations. Dr. Noel has furnished the Baltimore *Medical Journal* with a full report, and those interested would do well to consult that journal.]

Dr. Arnold.—What is the effect of intense cold to the throat?

Dr. Uhler.—It relieves the spasm.

Dr. Erich.—I would like to know when to bleed—when to expect good from it? If there was great tumefaction in Dr. Williams's case I can understand how it afforded relief.

Dr. Williams.—The questions of Dr. Erich are very easy to ask, but quite difficult to answer. There are so many cases in which the treatment is by intuition (and this constitutes the great difference between physicians), that it is impossible to lay down a rule by which any two men can act.

NEW YORK COLLEGE OF PHYSICIANS AND SURGEONS.

Clinic of Prof. T. G. Thomas.

DISEASES OF WOMEN.

March 8, 1871.

Dr. Thomas being called away, Dr. Brown continued the Clinic.

Mural Fibroid.

Mrs. M., æt. 38; six children; patient wore the appearance of one in the last stages of phthisis. For four years has been complaining of much pain during the menstrual epoch, with menorrhagia. She loses about three or four times the proper amount of blood, and when not losing blood, passes yellow matter. Has also much trouble with micturition.

Vaginal examination shows the cervix to be

hardened more than normal; but by conjoined manipulation the uterus is found to be enlarged to the size of a fœtal head. A peculiarity about the case is an artery in the cervix enlarged to about the size of the radial, with a decided aneurismal thrill. The enlargement of the uterus is due to an interstitial or mural fibroid. The case will continue to be as unfavorable as at present till the menopause is reached, after that the prognosis will be very good. Indeed, there are many patients who thus have fibrous tumors and are unconscious of their existence.

Malignant Disease of Vagina and Uterus.

Mrs. S., æt. 36; twelve children. This patient, unlike the last, was in excellent health as far as outward appearances go. Her history was, that two months ago she was delivered of a child at full term; but for months previous noticed a flow of blood from the womb every week; felt also much pain in the womb and in the back. This was so great that she was unable to sleep at night; this pain was of a darting character, and had continued for five or six months.

Early in pregnancy bleeding may occur from threatened abortion, ulceration or abrasion of the cervix or from malignant disease. In the present case, as she went to full term, abortion was excluded, and, from the appearance of the case, malignant disease was not suspected

But when a vaginal examination was made, the anterior portion of vagina and the whole of the cervix was carcinomatous as far as the internal os. This case and the preceding are of interest, showing that with the most unfavorable appearances the prognosis may be the reverse and *vice versa*.

In the present case the epithelioma has advanced too far to admit of amputation. If anything were done to the growth, it should be the actual cautery.

Dr. Barker was of the opinion that in some of the many cases he had resorted to it a cure was effected; at all events it is the best.

Opiates are to be ordered to relieve pain; ¼ gr. morphia at first, then to be increased as needed. As a disinfectant a solution of carbolic acid is as serviceable as anything else.

Malignant Disease of the Rectum.

Rachel D., æt. 45.; complains of pain in the back, with tenderness. Usually has diarrhœa, but when checked, blood and matter appears in the stools. Has been under treatment for internal piles, and at one time had a portion of them removed. On an examination, a stricture of the rectum is discovered. This is cancerous, and very similar to the previous case.

If the rectum became completely closed, an artificial anus would have to be made. But for the present bougies may be of advantage. For the relief of pain, suppositories of opium and of belladonna will be of advantage. If there is any tendency to constipation, mild purgation must be resorted to, inasmuch as the comfort of the patient depends on it.

NEW YORK PTAHOLOGICAL SOCIETY.

March 8th, 1871.

Dr. A. L. Loomis, President, in the Chair.

Multiple Abscess of Kidney.

Dr. Jacobi presented a specimen of kidney in which abcesses were noticed both in the cortical and medullary portions.

The history of the case was very imperfect, and absolutely amounted to nothing, beyond that there had been general peritonitis.

Perforation of Left Ventricle by Bullet.

Dr. Finnel presented the heart of a man shot last fall. The bullet entered at the fifth intercostal space, passing through the pericardium, perforated the left vertricle, and lodged between the eleventh and twelfth. The pericardium was distended with blood, death occurring in a few moments.

Fibrous Tumor of Scrotum.

Dr. Post presented a tumor, which he had removed from the scrotum, immediately in front of the testicle. It was referred to the Microscopica Committee.

Uterine Growth.

There was presented to the society a mass which was said to have presented at the os, and from it removed without any troublesome symptoms. No definite opinion could be formed of it. Referred to Microscopical Committee.

Absence of Left Kidney.

Dr. Jacobi presented a specimen. The patient had a chill at night, and in the morning was found dead. The interest of the case depended on the fact that there was no left kidney nor ureter. The right ureter was inserted on the left side of the bladder.

Pulmonary Appoplexy.

The President presentented the heart and lungs from a child, which died in 57 hours after birth. The labor had been natural and easy, and for 36 hours the child did well. After this, the color changed, and it was noticed that the child showed signs of pain on being moved. This continued till death.

P. M.—The lungs showed appoplexy; very extensive heart, and other viscera normal.

NEW YORK COUNTY MEDICAL SOCIETY.

March 6th, 1871.

Dr. A. Jacobi, President, in the chair.

Scrofula.

Dr. J. Lewis Smith read a paper before the society on scrofula, giving its history, causes, etc.

The President said that in his opinion scrofula was rather a complication of symptoms than a disease in itself.

Dr. PEASLEE was of the opinion that the word scrofula should be dropped entirely. It can readily be understood that a hyperplasia of the glands, with congestion and softening, may occur without any special diathesis. It is true, certain persons are more liable to it than others, but it is because they are more liable to the irritation that produces it.

Remedies differ entirely with the stage of the disease. The doctor said that after 25 years he did not know what he meant by the word scrofula.

Resolutions were offered by Dr. PETERS in respect to the death of Dr. GEO. T. ELLIOTT.

DR. A. H. SMITH called attention of the Society to a new hospital, under the charge of the Episcopal Sisters of Charity. Drs. WATTS, LEUTE and CARMALT are the physicians.

CLARK COUNTY (ALA.) MEDICAL SOCIETY.

In accordance with a call previously noticed in this journal, a number of physicians met at Grove Hill, on Monday, 27th ult., and elected the following officers:

President.—W. Stump Forwood.

Vice President—B. S. Barnes.

Secretary—Thos. B. Savage.

Treasurer—A. Y. Bettis.

A constitution and by-laws were adopted, and delegates appointed to attend the State Medical Society at its next meeting.

Reviews and Book Notices.

NOTES ON BOOKS.

Dr. W. B. CARPENTER recently delivered his ecture, "On the Temperature and Life of the Deep Sea," at the Town Hall, Manchester, and it s reprinted as one of the penny series of "Science Lectures for the People."

The valedictory address of Dr. MOSES GUNN, of the Rush Medical College, Chicago (reprint from the *Chicago Medical Journal*), is an able attack on the views of the origin of life advocated by Huxley and his disciples.

The second edition of Mr. Kolbe's "Description of the Orthopædic Apparatus, employed in the treatment of Deformities and Deficiencies of the Human Body," is a fully illustrated and well printed pamphlet of 57 pages, which will often be found a useful work of reference in mechanical surgery. Furnished by D. W. Kolbe, 15 S. Ninth St., Philadelphia.

FREIHERR LUDWIG VON HOHENBUHEL-HEUFFLER has reprinted from the proceedings of the Zoölogical and Botanical Society of Vienna an interesting contribution to botanical history, "Franz Von Mygind, der Freund Jacquins." Mygind was born at Broust, in Jutland, in 1710, and after his education at the University of Copenhagen, and a short stay at St. Petersburg, took up his residence at Vienna, and devoted his attention to botany. He speedily became an intimate friend of Jacquin's, and corresponded with the most eminent scientific men of the day, including Priestley, Sir Joseph Banks, L'Héritier, and Gmelia. He did great service in investigating the flora of Austria, paying the expenses of two Alpine expeditions by Wulfen. He died in 1789.

BOOK NOTICES.

Dr. Dobell's Report on the Progress of Practica and Scientific Medicine in different parts of thl World; contributed by numerous and distine guished Coadjutors; Vol. II., for the year 1870 - London, Longman, Greene, Reader & Dyer. 1 vol., 8vo., cloth, pp. 607.

We are glad to see that Dr. Dobell has met with; sufficient encouragement to continue this important undertaking. The volume before us is an extremely valuable summary of the principal events and discoveries in medical science during the time which it covers. We naturally turn to the section which represents our own country, but regret to find that, owing to circumstances which are explained, and not at all to any deliberate neglect, it is not so well represented as it should be. The abstracts of British and Continental papers are terse, clear and comprehensive, and will be found of great value to those who have not access to the original articles. The endeavor thus to represent the whole science of medicine in one annual volume, deserves to meet with support from the profession, both in this country and abroad.

The Health and Wealth of the City of Wheeling; also, General Remarks on the Natural Resources of West Virginia, by James E. Reeves, M. D.; Second Edition enlarged and illustrated. Baltimore, Md. 1 vol., paper, pp. 158. Price, 60 cents.

The author has made considerable additions to the first edition of his pamphlet, and it now contains, not only a large amount of medical and statistical information about his State and city, but also very many useful, sanitary and hygienic recommendations, which it would benefit the community to understand and observe. We hope the author will continue his labors in this most important department of his profession, and familiarize the people with the essential facts of general hygiene.

MEDICAL AND SURGICAL REPORTER.

PHILADELPHIA, APRIL 1, 1871.

S. W. BUTLER, M. D., D. G. BRINTON, M. D., Editors.

☞ Medical Society and Clinical Reports, Notes and Observations, Foreign and Domestic Correspondence, News, etc., etc., of general medical interest, are respectfully solicited.

Articles of special importance, such especially as require original experimental research, analysis, or observation, will be liberally paid for.

☞ To insure publication, articles must be *practical, brief* as possible to do justice to the subject, and *carefully prepared*, so as to require little revision.

We particularly value the practical experience of country practitioners, many of whom possess a fund of information that rightfully belongs to the profession.

The Proprietor and Editors disclaim all responsibility for statements made over the names of correspondents.

THE PINK WRAPPER.

We are sending THE REPORTER in *pink wrappers* to subscribers whose subscriptions are not paid in advance. *Verb. sap. sat.*

☞ Remittances will often be received too late to change the wrapper for that week—*e. g.* on mailing days; in that case the change will be made the following week. If it is not done, there is something wrong—write.

THE HEALTH OF SCHOOLS.

The attention given to education in this country is the chief source of our prosperity as a people, and should in every respect be fostered. But we must never fall into the error of supposing that mental culture alone means education. The body as well as the mind needs development, and if the corporeal is neglected, the intellectual suffers.

The excellent report of Dr. NATHAN ALLEN, last year, on physical culture at Amherst College, proves most clearly that not only are health and comfort consulted by muscular training, but that the whole number of hours' study of a class is increased by it. So far from time being wasted, it is saved by being employed in exercise.

This subject has, within the last few weeks, occupied the earnest attention of a number of gentlemen in Boston, and they have taken active measures to have the number of daily hours' study decreased, and Saturday be given as a whole holiday in the Latin school in that city. This is a judicious movement, and we should like to see it go further. Not only ought the hours' study to be limited, but parents and principals should see to it that the school houses are in healthy localities; well ventilated, properly warmed, the drainage perfect, and all the surroundings in first-rate sanitary condition.

It is well known that the educated man is less subject to disease than the uneducated, and that his probability of long life is greater—but he must not pay too dear for his education. He should receive it under the most favorable circumstances. Study is healthful, but precocity is not.

In a late lecture the eminent Dr. B. W. RICHARDSON, of London, took strong grounds against the injurious effects of competitive examinations, especially in children. He cited several instances where the ambition of study, thus stimulated, resulted most disastrously.

Again, the over-crowding of studies is a reprehensible action from every point of view, and to this we are peculiarly prone in this country. We have seen a whole university course paraded in the circular of a female seminary! What does this mean at the best, but either the merest superficiality, or most reckless mental tension?

The sanitary reform of schools should occupy the attention of all who devote themselves to state medicine, as it seems but very partially understood.

COUNTRY PRACTITIONERS.

Referring to our late editorial on this subject (REPORTER, vol. xxiii, p. 522) several correspondents have expressed their gratification at the high estimate we there placed upon these members of our profession. We spoke from an experience which extends over many years, and is derived from correspondence with many thousands of physicians, and we have become more and more impressed with the extensive, practical knowlege of therapeutical resources which is in the possession of rural practitioners. It has always been our object to call this forth, and to make it the common property of the profession.

In turn, it is our ambition to cull from the vast field of medical literature those facts and views which are more especially adapted to acquaint the remote and solitary worker with the constantly increasing means at his hand to heal disease and limit its prevalence. We aim to present him these in a

succinct yet not fragmentary manner, and also to bring him into intellectual communion with the rest of the profession, by keeping him informed of the events which concern medical societies, colleges and individuals.

The interchange of good offices thus becomes mutual, and the benefits of a wider professional intercourse can thus be attained by the most isolated physicians, while its demands and restrictions are avoided. May our endeavors in this respect find as much favor generally as they have from the correspondents above alluded to.

Notes and Comments.

The Commissioner of Pension .

The action of the Commissioner of Pensions in discharging pension examining surgeons, who are homœopaths, has been endorsed by a large number of distinguished men, irrespective of profession or politics.

In an open letter, signed by many such, the points are thus put:

The duty is imposed upon you of selecting such agents as will, in your opinion, most accurately define the condition of every claimant, and so determine the amount of his pension. In making this selection you must necessarily choose such individuals as will most effectually promote the interests both of the Government and of the Pensioners, and secure equal and uniform justice throughout the whole United States.

This end could not be accomplished by organizing Boards belonging to the different "Schools" you mention. The result would be that a pensioner certified by one board would receive the smallest allowance provided by law for a temporary malady, while another pensioner, in precisely the same condition, certified by a board of a different stamp, would receive the largest pension awarded for a permanent and incurable disability. As well might a Commission of Jews, Christians, Turks and Infidels, sit in judgment upon alleged departures from the True Faith

A Legal Definition of a Quack.

Some time ago we quoted a decision of the Court of Appeals of New York to the effect that a homœopath is not necessarily a quack. We will now add that by a decision of the Supreme Court of the same State (*Ex parte Paine*, 1 *Hill*, 665), whoever "offers to practice either homœopathy or allopathy, as his patients may wish, is practically a quack in his profession."

We commend this to the consideration of those numerous doctors who "have studied both *schools*, and find good in both," as they delight in informing their patients.

To a Young Physician.

The following pleasing poem to a young physician is contributed by JOHN G. WHITTIER to the *Golden Age:*

The paths of pain are thine. Go forth
With healing and with hope;
The suffering of a sin-sick earth
Shall give thee ample scope.

Smite down the dragons, fell and strong,
Whose breath is fever fire;
No knight of fable or of song
Encountered foes more dire.
The holiest task by heaven decreed,
An errand all divine,
The burden of our mortal need
To render less, is thine.

No crusade thine for cross or grave,
But for the living man.
Go forth to succor and to save
All that thy skilled hands can.

Before the unveiled mysteries
Of life and death, go stand
With guarded lips and reverent eyes,
And pure of heart and hand.

So shalt thou be with power endued
From him who went about
The Syrian hill-paths, doing good
And casting devils out.

That holy helper liveth yet,
Thy friend and guide to be;
The healer, by Genesaret
Shall walk the rounds with thee!

Medical Advertising.

Dr. ALEXANDER (see REPORTER for March 4th, 1871) writes us that he wishes it to be understood that he did not speak in defense of laudatory or vaunting advertising, but merely advocated that "physicians, surgeons, etc., should, in a modest way, announce their occupation and residence through that convenient medium—the newspaper."

As this is universally customary already, and as no one dreams of finding fault with it, our correspondent would seem either to have shifted his ground, or, like Don Quixote with the windmills, to have taken up arms against very imaginary opponents.

The Medical Department of the University of New York.

Each alumnus of this institution is requested to forward his full name and post-office address, with his professional history, including date of graduation, posts of honor and trust held, etc., and also any information which he may possess concerning former classmates who have since died or retired from practice. Chas. Inslee Pardee, M. D., 72 West 35th street, New York.

The object is to complete the register, many of the records having been destroyed by fire.

Sanitary Rules in Small-pox.

Small-pox is just now on the increase in several of our large cities, and hence it is an appropriate moment to call attention to the following rules drawn up by an English sanitary committee, to prevent the spread of this pestilence:

1. The house shall be closed to all intercourse with neighbors, and none of the inmates shall leave the premises without the permission of the medical attendant. 2. Whenever a sheet, towel, handkerchief, or any other article of clothing is removed, it shall at once be put into a tub or bucket of water disinfected with chloride of lime, which will be supplied by the inspector. 3. Regularly every day some chloride of lime shall be sprinkled about the room, and the room shall be swept every morning. 4. Whenever the bed-pan or other utensil is used, a little chloride of lime shall be put into it. 5. Whenever a patient uses a knife, spoon, or fork, it shall afterward be well washed in hot water. 6. If a garden be attached to the premises, a hole shall be dug, and the contents of the bed-pan or other utensil shall be thrown into it, and then sprinkled over with a little mould. 7. Cleanliness is to be observed as much as possible. 8. No neighbor shall be admitted into the house, nor shall any inmate go into a neighbor's house. 9. All orders for nourishment or medicine for the day shall be given to the inspector when he comes round, and he shall direct his assistants to bring them to each house. 10. Ventilate the room twice or thrice a day, when fine, by opening the windows, and leave the patient well covered, to prevent taking a chill.

The True Principle of Life Assurance.

The incorrectness of the present method of life insurance has been commented on several times in our pages. The only true theory is by the classification of risks, as is well shown by Dr. H. G. Sutton in a lecture which we send out in this number of The Reporter. We do not defend his definition of life—that the life of man is the sum of the lives of his constituent cells—but theories apart, it is most manifest that the model plan of insurance is when each applicant is honestly examined and graded according to his constitution. The lecture merits careful perusal.

The Boylston Medical Prize Questons.

The following are the questions proposed for 1872:

1. The Pathology of the Malignant and Semi-Malignant Growths.

The author of a dissertation on this subject, considered worthy of a prize, will be entitled to a premium of *two hundred dollars.*

2. The Pathology and Treatment of Sunstroke.

The author of a dissertation on this subject, considered worthy of a prize, will be entitled to a premium of *one hundred and fifty dollars.*

Dissertations on these subjects must be transmitted as above, on or before the first Wednesday in April, 1872.

Each dissertation must be accompanied by a sealed packet, on which shall be written some device or sentence, and within which shall be inclosed the author's name and residence. The same device or sentence is to be written on the dissertation to which the packet is attached.

The writer of each dissertation is expected to transmit his communicatson to the President, John Jeffries, M. D., in a legible handwriting, and with the pages properly secured together, within the time specified.

All unsuccessful dissertations are deposited with the Secretary, from whom they may be obtained, with the sealed packet unopened, if called for within one year after they have been received.

Testimony of an Expert on Insanity.

We take the following from the *N. Y. Evangelist.* The custom of courts in acquitting criminals on the ground of insanity, although acknowledged to be perfectly sane before and after the crime, has of late years received many sad illustrations, and is also receiving considerable public ventilation at the present time. Dr. Allen, of Memphis, Tennessee, was recently employed to testify as an expert in such a case, and among other things testified as follows:

"I have been a practicing physician for nearly thirty years; I have been for ten years Medical Superintendent of the Kentucky Lunatic Asylum, and during that time had over 2,000 crazy people under my charge. I am here as an expert, and before answering questions would like to say that the more I study the subject of insanity the less I understand it; and, if you ask me where it begins, and where it ends, neither I, nor any physician in the world, could tell you; in fact, on occasions like this, lawyers make fools of themselves in trying to make asses of doctors."

The Discoverer of the Principle of Anæsthesia.

Readers of The Reporter are aware that for twenty years, while not ignoring the labors of others in the application of anæsthetics in surgical operations, it has consistently advocated, and triumphantly vindicated, the claims of Horace Wells, of Hartford, Conn., as the prince discoverer of that principle.

An opportunity is offered, in this number, to the profession of the country to do justice to the

memory of one who rendered so important a service to the medical profession and to mankind. This will be accomplished by signing, and obtaining as many signatures as possible to the inclosed petition, and returning it to this office.

A Cowardly Attack.

Our attention has just been called, by a member of the District Medical Society for the County of Hudson, N. J., to a dastardly and slanderous, personal attack on the senior editor of THE REPORTER, published in the New York *Medical Record*, of March 15th, over the signature of the President and Secretary of that Society.

We have neither time, space, nor physical strength, on account of illness, to give the matter attention this week, and shall reserve whatever we may think it best to say on the subject to a future occasion. One thing is certain, however, that that society, under its present management, is a disgrace to the profession of the county and State, and the sooner it is reorganized the better for all concerned.

☞ Those who may desire to prove the value of THE REPORTER can receive it for three months by forwarding $1.00 to this office.

Portrait of Dr. Lewis A. Sayre.

We had hoped to have a portrait of Dr. SAYRE, of New York, ready for this number, but have been disappointed. We expect it will appear in our next. It will be the first of a series of portraits of Clinical Teachers of this country which we shall publish occasionally.

Advertisements.

Advertisements constitute a very important element in the vigorous conduct of any paper or journal, the income from them furnishing the means for improving the literary character of the work, besides giving important and essential information to their readers.

Our readers have long been familiar with the name of E. FOUGERA in the advertising columns of the REPORTER. Mr. HEYDENRICH, a Philadelphian, has recently been taken into the partnership with Mr. FOUGERA, under the firm name of E. FOUGERA & Co., thus combining in one firm French, New York and Philadelphia pharmacy.

The firm are issuing a series of elegant preparations of tonics and stimulants, with which LIEBIG'S essence of beef is combined, to which we call the attention of our readers.

Elegant Preparations.

CASWELL, HAZARD & Co., of New York, and WILLIAM R. WARNER & Co., of Philadelphia, also advertise in our pages some elegant preparations, which are worthy the attention of the physician, as are also those of H. C. BLAIR'S SONS, of Philadelphia.

Hazard & Caswell's Cod Liver Oil, which is made under the personal supervision of one of the proprietors, is justly celebrated for its purity.

Surgical Instruments.

We would commend to the notice of our readers the establishments of D. W. KOLBE, L. V. HELMBOLD, SNOWDEN & BRO., and H. J. KERN, of this city for surgical instruments, whose quality can be relied upon.

SAMUEL WHITE also advertises surgical and dental instruments, of which the quality can be fully relied upon.

PURCHASERS of drugs and chemicals can rely upon being served with pure articles, by the firms of BULLOCK & CRENSHAW, and CHARLES ELLIS & Co., two of the oldest established firms in the city, and also by WILLIAM R. WARNER & Co.

SHOULD any of our readers desire reliable watches or jewelry, we would recommend Benedict Bros., 619 Broadway, New York. Their establishment is of fifty years' standing and justly renowned, especially for its watches. They will send their goods by express to any part of the country.

We would recommend our Western readers who desire reliable Surgical Instruments to apply to William Autenrieth, of Cincinnati, Ohio. They will find him, in every respect, worthy of their patronage.

In the line of surgical splints, unquestionably, the very best are *Ahl's Adaptable Porous Felt-Splints*, an advertisement of which is found on another page.

For another useful and excellent book, by Dr. NAPHEY, written on a difficult subject, in admirable style, we refer to the advertisement of J. G. FERGUS & Co.

Correspondence.

DOMESTIC.

The Treatment of Fractures.

EDS. MED. AND SURG. REPORTER:

The statement by Prof. LEWIS A. SAYRE, of New York, in THE REPORTER for February 27th, 1871, in reference to the value of *Ahl's Porous Fel Splints* in fractures and diseases of the joints leads me to give my experience with them.

It is now three years since I bought a set. The first case to which I applied them was in an oblique fracture of lower third of tibia, with partial dislocation. I had used carved wooden splints, and was not able to keep the fracture in perfect apposition, the oblique part tilting. The patient suffered intolerable pain, and was very uncomfortable. I had his limb in a fracture-box also. It was in this situation several days, when I purchased *Ahl's Porous Felt Splints*, and I immediately applied the anterior t ibia splint, with the posterior fibula splint, and must confess with perfect success, relieving the patient of all pain, and allowing him to change his position from his back to any side. They were so much more comfortable that the patient expressed a *decided* preference for them. They retained the parts in perfect apposition, and obviated the tilting.

The next spring I suffered in my own person a compound fracture of the lower third of the tibia and fibula, near the ankle joint, by a load of stone falling upon the limb. Dr. L. M. WHITING, of this city, applied the Porous Felt Splints, and the bones united with surprising rapidity. The lightness, the perfect fit, and the coolness and comfort of the splints were most agreeable to me, and I know whereof I speak. I can truly say that I suffered almost no pain after they were applied. Since then I have had occasion to use them several times, and always with satisfaction.

A little girl, in the country last summer, fell from a wagon, a wheel of which ran over her arm, fracturing and comminuting the humerus near the elbow joint. I applied the elbow splint, and opposite the point of comminution I cut a hole and bandaged around it, and allowed it to remain four weeks without removing it, when the bone was found to be perfectly united, with no deformity. I could dress the comminuted part every day, and consequently did not disturb the continuity, and was able, on account of the elasticity of the splint, to use passive motion at the proper time, and thereby preserve the integrity of the joint, and prevent anchylosis. But little pain was suffered.

The *perfect fit* of these splint is their greatest merit; one part of a broken limb is not unduly compressed, consequently less pain is felt, and no *ulcers* are produced. They have given such entire satisfaction to me that I do not see how I could do without them. I commend their use to the profession. JOS. H. ESTEP, M. D.

Canton, Ohio, March 4, 1871.

FOREIGN.

American Surgery in Paris—Letter from Dr. John Swinburne.

[We present the following extracts from a letter of Dr. JOHN SWINBURNE, dated Paris, Feb. 27th, 1871, addressed to Dr. WM. BAILEY, of Albany. Dr. Swinburne has been in Paris during the siege, attached to the American Ambulance Corps.—EDS.]

* * * We have had the good luck to treat three cases of compound fracture of the thigh, and all recovered with good limbs. We have here almost the only surviving amputation of the thigh in Paris. I understand the success outside of Paris has been bad. The result of these three cases of compound fracture of the thigh more than compensates me for all the deprivations, trouble, and time spent here during the siege.

Of the first sixty-two soldiers received into the ambulance only two died, and the immediate cause of their death was tetanus. Four of the above number were amputated through the thigh for wounds in the knee joint. Two compound fractures of the thigh, one of the neck, and one of the middle of the shaft, have been successfully treated by conservation, and are now well, walking with crutches, and with straight limbs. One compound fracture of the tibea, just below the joint, recovered finely, but owing to some unfortunate accident, by which he seriously injured the thigh, he subsequently died. Also, two compound fractures of the wrist and two of the ankle joint recovered with useful limbs. Two compound and comminuted fractures of the scapula recovered. Also a number of compound fractures of the forearm, fibula, feet, hands, besides one resection of the shoulder joint, in a soldier who was suffering from a large pleuritic effusion. * * * * *

JOHN SWINBURNE, M. D.

NEWS AND MISCELLANY.

Medical Society of the County of Berks, Reading, Penna.

The committee appointed at the last stated meeting of the "Medical Society of the county of Berks," held January 3, 1871, to protect its interests and to secure the approval of its constitution and by-laws, by the Board of Censors of the State Medical Society, beg leave respectfully to report:

That agreeably to a notice duly received they appeared before the Censors at a special meeting of that body, held in Philadelphia, the first day of February last, and presented the claims of the "Medical Society of the County of Berks" to recognition by the Medical Society of the State of Pennsylvania, as the only proper representation of the profession in this county.

The opponents of our organization were also present, and were ably represented in the persons of Drs. MARTIN LUTHER, FRANK REISER, M. ALBERT RHOADS and J. S. HERBINE. After a fair and impartial hearing of both parties by the

Censors, we have the gratification to announce that our Constitution and By-Laws have been returned with the *unanimous* approval of the Board.

Whether we consider the high character of the gentlemen composing this Board, the discreditable acts necessitating the disbanding of the old society, or the professional interests involved in the proper solution of this question, it is but just to say that no other result could have been reasonably anticipated and we rejoice now, not because of any local or personal triumph we may have gained, but in the fact that the honor and dignity of the profession have been maintained in the issue of this cause, whilst it has been clearly shown that a determination to do right regardless of consequences, is sure, in the end, to be properly rewarded.

(Signed), S. L. KURTZ,
D. A. URICH,
JOHN B. BROOKE,
EDW. WALLACE,
Committee.

At a stated meeting of the Medical Society of the County of Berks, held in Reading, Pa., on the 7th inst., the above report was accepted, ordered to be published in the *Gynæcological Journal*, of Boston, and THE MEDICAL AND SURGICAL REPORTER, of Philadelphia, and the committee discharged.

JOHN B. BROOKE, M. D., Cor. Sec'y
Med. Society of the County of Berks.

American Medical Association.

ARRANGEMENTS FOR THE MEETING ON TUESDAY, MAY 2, AT SAN FRANCISCO, CAL.

Union and Central Pacific Railroad: From Omaha to San Francisco and return, $125. Tickets good for 60 days, and sold *only* to holders of certificate from Permanent Secretary. This includes the wives and families of ALL who desire to participate in this excursion. Each person must be named in the certificate.

From Harrisburg to Omaha and return, $49. From Philadelphia, $53.20.

Tickets sold *only* to holders of certificates as above.

To Omaha, from Cincinnati, Louisville, Nashville, one fare for the round trip. From Washington, $59.30.

Local arrangements have been made with other roads; hence application should be made at starting for *excursion* tickets.

Time.—From Omaha to San Francisco, nearly 4 days; To Omaha from Boston, 64 hours; New York, 62 hours; Philadelphia, 58 hours; Washington, 60 hours; Chicago, 22 hours.

Meals—at convenient points, and good, 75 cents to $1.00.

Sleeping Cars.—Each double berth, Omaha to Ogden, $8; Ogden to San Francisco, $6.

Passengers will be taken by the Pacific Mail Steamship line, *via.* Panama, at one-third less fare, either way. Tickets sold *only* to holders of certificates.

Those desiring certificates should apply immediately, inclosing *stamp.*

WM. B. ATKINSON, M. D., Perm't. Sec.,
No. 1400 Pine st., Philadelphia.

N. B. It is suggested that as many as possible should be at Omaha by April 26th or 27th, at the latest, reaching San Francisco the day before the meeting.

Philadelphia, March 24, 1871.

QUERIES AND REPLIES.

Dr. J. M. C., Fla.—The price of Thomas on Diseases of Women, bound in leather, is $6.

Dr. J. H., of N. J.—Williams on Diseases of the Eye, and Toynbee on Diseases of the Ear, are sound and practical works.

Prize Questions.

Dr. J. C. C.—Your inquiry is answered on another page.

Bromide of Potassium and Opium.

Dr. J. W. J., of Ind.—"Are you aware that bromide of potassium is an antidote for opium and its preparations? I have seen nothing of the kind in the journals, nor is it mentioned in the Dispensatory, but I have used it as such and find it sure, quick and effectual."

REPLY.—We have never heard that bromide of potassium is an *antidote* to opium, but we are aware that it is given with great advantage to destroy the unpleasant after effects of therapeutical doses of this drug.

Dr. W. S. L., of Fla.—The cost of a pocket case of instruments necessary for ordinary purposes, compact and of the best make, is $20.

Hydrate of Chloral.

Several Inquirers.—The *poisonous* dose of hydrate of chloral is stated by Dr. RICHARDSON, of London, to be, for an adult man, 180 grains; 120 grains is the largest he ever saw taken, and the consequence was profound and alarming coma. In delicate women and peculiar idiosnycracies the poisonous dose is much less. A drachm is not a safe quantity to give, even to an adult. We think, from our own experience, that children can withstand a proportionately larger dose of chloral than of opium.

MARRIED.

RISLEY—THOMPSON—At the residence of the bride's father, Tuckerton, N. J., March 2d, by the Rev. J. H. Payran, S. D. Risley, M. D., of Philadelphia, and Miss Emma, daughter of J. D. Thompson, Esq.

SMITH—DAWSON—In Philadelphia, March 21st, by the Rev H. A. Cleveland, John M. Smith, M. D., and Miss Mary J. Dawson, all of Kent county, Delaware.

WHISTLER—BRANDON—March 16th, in the Presbyterian Church, of Newville, Pa., by the Rev. E. Erskine, D. D., S. M. Whistler, M. D., of New Kington, Pa., and Miss Anna R. Brandon, of Newville, Pa.

DIED.

ELLIGER—In this city, March 21st, Dr. Arthur I. Elliger, in the 26th year of his age.

STIGER—At Mendham, N. J., March 17th, Madge, youngest daughter of Dr. John S. Stiger.

STITES—March 19th, Elizabeth M., widow of Townsend Stites, United States Navy, and daughter of the late Dr. Harvey Klapp. Buried from this city.

TALIAFERRO—Dr. W. T. Taliaferro, one of the oldest physicians of Cincinnati, died March 22d, in that city, aged 76 years.

[Dr. Taliaferro was the last survivor, we believe, of the battle of Lake Erie. He has for many years been a subscriber to the MEDICAL AND SURGICAL REPORTER, and frequently contributed to its pages.]

WRIGHT—At North Canaan, Conn., Mary, wife of A. A. Wright, M. D., and widow of the late Samuel Beach, M. D., of Bridgeport.

APR 8 1871

THE
MEDICAL AND SURGICAL REPORTER.

No. 736.] PHILADELPHIA, APRIL 8, 1871. [Vol. XXIV.—No. 14

Original Department.

Communications.

CASE OF HEPATITIS, WITH ABSCESS.

By J. R. Taylor, M. D.,
Of Kosse, Texas.

Mr. T. S., æt. 34; sanguine temperament; regular habits, and a farmer, was attacked December 26th, 1870, with inflammation of the liver. A physician was called, but I know not what he prescribed, except a large blister over right lung. I saw him on 31st, and found him suffering with severe pain in the region of the liver and right shoulder; considerable fever, and tongue thickly coated; pulse, 100; respiration, 35. A small cathartic pill was ordered every two hours, until the bowels were well evacuated—quinia during interim, while morphia and topical measures were used to allay the pain.

January 1.—Patient better. Bowels moved well to-day, and fever abating. Still considerable pain when not under morphia. Pulse, 85; respiration, 25. Quinia continued.

January 2.—Patient much better. Tongue cleaning; fever absent; pain rapidly diminishing; pulse, 75; respiration, 20. Quinia and muriatic acid thrice per day.

Patient rapidly convalesced. Went about his business till February 9, 1871, when, becoming exhausted from over-fatigue, and suddenly cooling himself, a chill ensued, followed by high fever, and a return of former pain. This occurred late in the evening, and I saw him early that night. Pulse over 100; respiration hurried; cheeks flushed; all indicating great internal disturbance. I immediately administered a large dose of quinia and morphia, and in a little while he was quiet. A poultice, saturated with turpentine, was placed over the liver.

February 10.—Is better. Bowels moved. Quinia continued, with mild restoratives.

His improvement was again rapid, and on 12th was apparently convalescent—was sitting up, etc. But on this day a severe norther came up, with sleet and rain, and, living in an open house, he relapsed early in the night, and I was sent for in haste. I found him completely prostrated. Brandy and ammonia were freely administered, and reaction occurred in an hour. Both lungs were considerably congested. Liver much above normal size, but no abscess discoverable. My suspicions had been aroused some time before this, and I suspected the rupture of an abscess into the peritoneal cavity to be the cause of the seemingly fatal collapse. Continuing the stimulants during the night, the condition of my patient next day caused me to change my base, and attribute it simply to the cold he had taken.

February 13.—Ordered calomel till the bowels moved, also quinia and ipecac. Pulse had lost somewhat of its wiry touch—was 95; respiration, 30. Liver still greatly enlarged, and very painful on pressure; sinapisms, turpentine stupes and dry cups afford relief. Bromide of potash now causes him to rest well. Although the great disproportion between the pulse and respiration has, all the time, indicated serious lung disturbance, yet I have never been able to detect any thing more than engorgement of lower lobe of right lung, which has never passed on to second stage or rusty sputa. The continual cough I attributed to the nervous connection between the lung and liver. Under the most efficient tonics and diet my patient's improvement was slow, till March 11th, when he rode out some half mile. Sudden fits of coughing came on; he returned home, and early in the night he

felt something burst, followed by copious expectoration of a yellowish and bitter substance. An abscess had broken into the right bronchial tube. I would here state that February 13th he had some fifteen or twenty dejections in as many hours, of pretty much the same substance, and I believed then an abscess had opened into colon or duodenum. His improvement since last rupture has been more rapid, the expectoration has nearly ceased, and he is now, March 17th, at work on his farm. No dysentery attended any stage of the disease. I am satisfied the origin of his attack was malaria. His tongue indicated it.

URETHRAL FISTULA.

By William Faulkner, M. D.,
Of Waterford, Pa.

In the latter part of December, 1869, I was consulted by G. Y., æt. 36. He said he had been discharged from the army seven years before for stone in the bladder; that his sufferings had become so great that he could not endure it any longer. He was a tall, large-boned man; looked thin, and wore an expression of anxiety and suffering; had been raised in this county (a free-stone region), and had always enjoyed good health up to the time of entering the army.

Upon examination I found an unyielding stricture just below the scrotum, complicated with urethral fistule of something over two years' standing, and about half of the urine was discharging through this opening. The external orifice was the smaller of the two, and not having free exit, the urine had dissected up the parts in every direction, inflaming the tissues, forming false channels and cavities, which had become coated over with an adventitious membrane, discharging large quantities of a thin, acrid matter, that inflamed the parts wherever it touched them. Professor Gross has said: "A person affected with urethral fistula is to be regarded as an object of the deepest sympathy and commiseration," but never until I had examined this man's case had I fully appreciated the truth and force of the professor's remarks.

This man was truly an object of sympathy, pity and solicitude, presenting a complication of interesting and grave difficulties. After a few days of preparatory treatment, with a view of bettering his condition somewhat, on on the 8th of January, 1870, I opened freely into this mass of disease, cutting down to the point of a catheter resting upon the stricture.

The internal fistulous orifice was found a few lines below the stricture. I then passed a small grooved director into the orifice, and up through the stricture, and divided it. The catheter was then carried into the bladder, when all the false channels connected with the fistula were opened into one common cavity, as far as practicable. The wound was filled with lint, wet in a weak solution of carbolic acid. A hypodermic injection of morphia was given, and the patient put to bed, with the request to retain the catheter during the night if he could. But upon visiting him the next morning I learned that he had removed the instrument, the bladder having proved too irritable to tolerate its presence. I then made it a practice to introduce the instrument every day, and have it retained from one to three hours. He soon learned to use it himself, after which he used it every time he urinated. From this date he experienced very great relief from the operation, and as soon as I deemed it prudent I sounded him, and readily detected a calculus (as I believed) of full average size. The wound was kept open and allowed to fill up from the bottom, but it granulated slowly, and it was not before the middle of February that I thought it prudent to cut him.

There was some urine passing through the fistulous opening at this time, but I thought it would close up, while the water would be discharging by way of the perineal incision. He took a laxative on the evening of the 14th, and at 10½ o'clock, A. M., on the 15th, he was given a hypodermic injection of morphine; placed upon the table; hands and feet secured; staff introduced; chloroform given and the lateral operation performed in the usual manner in the presence of Drs. Barton, W. V. Blakeslee, J. H. Gray, and my brother, M. L. Faulkner, to whom I confided the staff. There was very little hemorrhage, but great depth of perineum. The calculus removed was an oxalate of lime formation, surface tuberculated, and measuring over four inches in its largest circumference. His recovery was not rapid; the wound granulating slowly as did the other, but it was uninterrupted by any unpleasant symptoms, and it was in the latter part of April that he reported to me, looking like a new man, and said that he was perfectly sound, and remains so up to this date.

Medical Societies.

CINCINNATI ACADEMY OF MEDICINE.

[REPORTED BY J. W. HADLOCK, M. D.]

February 6th, 1871.

Renal Tumor, with Death of Patient.

Dr. Good exhibited a specimen taken from a boy eight years old of the bladder, kidneys and a pathological sac apparently connected with either the kidneys, bladder, or by either the ureter or an abnormal tube. The speaker had not made a critical examination of the specimen, preferring to refer it to the proper section.

The boy died at the age of eight years and five months, from simple exhaustion. He first came under Dr. Good's observation in the spring of 1865, when a little over three years old, presenting, as his mother stated, "something about the abdomen."

The peculiarity consisted of a tumor which occasionally presented in the left lumbar region; rapidly increased in size and always in a short time; suddenly collapsed with the escape of a large amount of urine per urethra. With the collapse of the tumor the distressful symptoms subsided in every instance which attended its formation. No opportunity was afforded of seeing the tumor until the spring of 1868, when he was confined to his bed for ten days. Drs. Wood, Stephenson and Miller all agreed that it was an accumulation of urine, but had not ventured any theory as to its connection with the bladder or kidney. On one occasion as much as nine pints of urine were discharged on the collapse of the tumor, passing in from thirty minutes to an hour.

Notwithstanding the pain and fever attendant upon each collection of the fluid, the boy continued to grow and develop with the integrity of every function, even those of the brain. On the 26th of October, last year, another tumor formed, pointing like the rest toward the left groin. It continued to increase in size, never evincing any symptoms indicating its termination as on previous occasions Small quantities of highly colored urine were voided normally.

At the end of three weeks some three pints escaped. At this time the tumor was very large, occupying the whole pelvic cavity, and leaving in the abdominal but a small tympanitie surface on the extreme right. There was now great pain and tenderness, vomiting, emaciation, and finally death, as stated, by exhaustion.

On autopsy, the entire abdomen was filled with a continuous tumor except at the right side, where was found the displaced stomach and intestines. Seven pints of urine were removed after extraction of the tumor. The peritoneum was found so firmly adherent to the tumor as to require considerable force to detach it.

The speaker preferred, as intimated, to advance no theory as to the character of the abdominal sac. As remarkable, is noticed the suddenness of its collapse, and the suddeness of the relief to all the unpleasant symptoms. The specimen was then referred to the section on pathology and morbid anatomy. The following is the report of the section, with some remarks by Dr. W. W. Dawson.

The section on pathology and morbid anatomy begs to present to the Academy the following report in regard to the kidneys referred to it on last Monday evening:

Upon the anterior surface of the left kidney was a large cyst, which had contained nearly a gallon of fluid, but which at the time of the examination was very much collapsed from immersions in alcohol. The walls of this cyst were mainly composed of the capsule of the kidney; remarkably dilated and thickened posteriorly was the anterior surface of the kidney itself, between which and the capsule the fluid had accumulated. The length of the left kidney was 7 inches, its breadth $3\frac{1}{2}$, and its thickness 1 inch. The surfaces and borders were extremely irregular. The pelvis was dilated and occupied a considerable portion of the posterior surface of the organ. Its dimensions were 3 inches by $1\frac{3}{4}$. At the bottom of the pelvis were seven openings leading to cavities in the substance of the kidneys. These cavities varied in depth from $\frac{1}{2}$ to $\frac{3}{4}$ of an inch. Between the upper one and the cyst there existed a communication by an opening $\frac{1}{8}$ of an inch in diameter in the proper substance of the kidney. The ureter emerged from the pelvis at its lower and internal part by an opening slightly oblique, but of normal size. Its calibre between the bladder was quite normal. The renal substance was atrophied.

The right kidney was diminished in size; length, $3\frac{3}{4}$ inches; breadth, 3 inches at one portion, $1\frac{1}{2}$ at another; thickness, $1\frac{1}{4}$ inches. The pelvis was dilated, and contained about two ounces of turbid fluid, of which a considerable portion was alcohol, which penetrated through the walls. It was 3 inches in length by $2\frac{1}{2}$ in depth. In it there were also seven openings, varying from $\frac{1}{4}$ to $\frac{3}{4}$ of an inch in diameter, and communicating with cavities about $\frac{1}{2}$ an inch in depth. Upon tracing the ureter upward it was found to join the kidney at the inner portion of its inferior extremity. It there extended in the wall of the pelvis, between fibrous and mucous cuts, an inch and a half before opening into its cavity. Its orifice was valvular, smaller than normal, and was located about the middle of the internal border. It required some pressure to force the fluid contained in the pelvis through the ureter. The ureter was neither dilated nor contracted. The

substance of the kidney at the upper part was $\frac{5}{8}$ of an inch in thickness.

The consistence and color of both kidneys were altered, but whether from immersion in alcohol, or from some morbid process, was not ascertained.

The bladder was very small, 3 inches by 2. Before being opened its thickness was $\frac{5}{8}$ of an inch. Thickness of fundus $\frac{3}{8}$ of an inch. Mucous membrane healthy.

The fluid from pelvis of right kidney, when subject to microscopical examination, was found to contain columnar and pavement epithelium, having a granular appearance; also granular matter and a few granule corpuscles. The solid residue obtained by evaporating the fluid to dryness, re-dissolving in alcohol, and again evaporating, afforded no indication of urea on the addition of nitric acid.

In some respects the case is quite unique. The large cyst developed upon the left kidney was not, as is usual in cases of nephrosis, formed by the dilated pelvis, the flattened remains of the atrophied kidney and the capsule, but by the anterior portion of the capsule and the kidney, between which the urine, after having broken through the renal substance, had gradually accumulated, detaching the capsule from the kidney and dilating it into the large sac found after death. To this cause is in all probability due the small amount of atrophy of the kidney observed, for with such a tumor formed, as in most cases of hydrocephalus, a much greater amount of atrophy would have been found.

The right kidney exhibited in a very marked manner the most common cause of this condition; namely, congenital malposition of the upper portion of the ureter. As stated, this tube ran for an inch and a half in the walls of the pelvis, and then opened into it by a valvular slit. This rendered it liable to be closed by the slightest accumulation of urine in the pelvis. In the left kidney this condition was observed but to a limited extent. The ureter, instead of joining the pelvis by a gradual funnel-shaped expansion in the middle of the hilus, entered its lower and internal portion by an oblique opening of which the calibre was no greater than that of the ureter below. It seems very probable that at birth the same condition existed in the left as was subsequently found in the right (perhaps to a limited extent), and that afterward, as the pelvis became dilated, it assumed an altered relation to the ureter.

It will be readily understood that patients afflicted with this disease, even if it be limited to one kidney, hold their life by a most uncertain tenure; yet it is very extraordinary that in some cases in which both kidneys have been completely atrophied so that no trace of their substance could be detected after death, the patients have lived for some time. Two such cases are referred to in Roberts's treatise; one of Dr. STRANGE, published in Beale's Archives, the other of Dr. FABER.

The size to which these tumors attain is sometimes very great. Roberts alludes to a case published in the *Phil. Trans.* in 1747, in which the tumor contained thirty gallons of fluid. The diagnosis of these immense collections is frequently very obscure. Dr. BRIGHT, in his treatise on abdominal tumors, states that he has known tumors of the kidney mistaken for those of the liver, spleen, uterus and ovaries. The latter would probably be the most common source of error. SKODA had a girl tapped, supposing that she had ovarian dropsy; subsequently she was several times tapped with temporary benefit. When she died it was found that there was hydronephrosis of one kidney. This case is also referred to by Roberts. A case worthy of note in connection with tapping was published by Mr. THOMPSON, of Nottingham, in the *Path. Soc. News.*

The diagnosis in this case was almost certain, as the patient at one time had passed per urethram a large quantity of fluid, the tumor at once disappearing. It, however, returned, and was tapped, January, 1852, the trochar being introduced between the eleventh and twelfth ribs, and eight quarts of fluid withdrawn. The sac again filled, and was a second time tapped, December, 1852. The patient remained well until March, 1860.

The contents of these cysts vary considerably. Generally they contain sero-albuminous fluid, having in solution some of the constituents of the urine. In the specimen referred to the section, none of these organic materials were found, and probably none existed, as urea would have been present in such case. Sometimes the material is colloid. NIEMEYER remarks, in his Practice, that the fluid accumulating in the pelvis soon presses so much upon the papillæ that no more urine is secreted, and hence the small amount of urea, etc., usually found. The increase in size of the sac afterward he refers to the secretion of the mucous membrane lining it.

Among other cases alluded to by Roberts, is one of Dr. HILLIER'S, originally reported in volume 48 of *Medical and Chirurgical Transactions*, as a successful case of surgical management. Boy, then 3 years and 4 months old. Much irritation and depression followed the several tappings; after one of the operations a quantity of fluid was passed from the bladder, similar to that from the cyst, and quite unlike what was usually passed from the urethra—a temporary communication thus obviously being established between the cyst and the bladder. At the first report of the case there had been no operation for several months, and the patient had regained his strength, but the cyst remained, and his urine was often purulent and fœtid. That history terminated in December, 1865.

Between that time and July, 1868, when the his-

tory of the case is resumed (in vol. 52, *Medical and Chirurgical Transactions*), he was tapped once and a quantity of urine-like fluid was drawn off. He died August 5th, after more or less of uræmia. On *post-mortem* examination the cyst was found to fill the greater part of the abdominal cavity. Its posterior portion was found to occupy the situation of the right kidney, and the supra-renal body of normal size and body was attached to it. In the right loin the cyst presented a constriction, behind which a portion of the cyst presented somewhat a greatly enlarged kidney; the color, however, was pale and bladder-like. One very small part of the cyst-wall, near what would be the hilus of this reniform part of the cyst, showed a very pale kidney color; the main body of the cyst, in front of this, was globular or ovoid. The ureter was found proceeding from the lower part of the cyst, attached for about an inch to its wall. This ureter, examined from its vesical end, was found to enter by a much smaller orifice than usual; the ureter was smaller than normal. The cyst measured 27 inches in circumference over the long diameter, and 24 over the short one. It was 9 inches long, 8 wide, and 6½ deep, and contained 83 ounces clear fluid, having lemon color and urinous smell; sp. gr. 1002, slighly acid, a trace of albumen. The obstruction was found to be due to an abnormally small ureter, a congenital stricture, through which fluid did not usually pass; although it might do so under exteme pressure from dilatation. The dilatation of the left pelvis was due to calculous matter, which occasionally clogged the ureter.

Dr. DAWSON.—One of the features of the case of Dr. Good, the history of which he gave at the last meeting, and upon the pathological specimen of which the section on pathology have this evening reported, was a periodical subsidence of the abdominal swelling after a sudden gush of fluid from the urethra. This feature of the case led Dr. Good to a positive diagnosis—the only one which he could make—a renal cyst.

The section on pathology have referred to the case of hydronephrosis reported by Dr. THOMAS HILLERS in the "Medico-Chirurgical Transactions" Vols. 48 and 52. The patient was a boy three years and four months old when first seen by Dr. Hilliers. He lived until August, 1868, being something over eight years of age at his death. He was tapped frequently near the median line and with temporary relief. When we reflect that this tumor was diagnosed as renal we can but wonder that the tapping was done in front, and our wonder is still greater at finding that, although the fluid obtained was dilute urine, that the boy survived the first operation. The point to which I wish to call attention is the resemblance between this case and the one reported by Dr. Good, in the occasional subsidence of the tumor by a sudden gush of fluid through the urethra. The mother stated that on several occasions he had passed large quantities of fluid by the urethra, and accompanying these discharges there was a marked subsidence of the swelling. The *post-mortem* showed that the ureter did not enter the cyst direct; that it passed for some distance along its walls; that the moderate distension of the cyst prevented the escape of the fluid. When, however, the distension became too great, the fluid would press its way through the ureter and escape by the bladder.

The diagnosis of abdominal tumors is presented to the mind of the physician by such cases; and when we reflect that so distinguished a man as SPENCER WELLS has mistaken a renal cyst for an ovarian dropsy, the definition of these enlargements becomes a matter of the most vital interest. Dr. HENRY COOPER ROSE, in the "Medico-Chirurgical Transactions," vol. LII, reports a case of cystic degeneration of the kidney simulating in a remarkable degree ovarian disease. The case, I think, will show very forcibly the uncertainty of a positive diagnosis. The patient was a young lady, 18 years of age when first seen, in 1856, by Dr. Rose. Two years previously she had noticed blood in her urine, and I may say that in the subsequent eleven years of her life, not only blood, but pus and albumen were frequently detected. Dr. Rose, on his first examination, found a tumor occupying the position of the left ovary, about the size of an orange. The uterus was moveable and normal in size. In 1861, after the tumor had enlarged so as to fill the whole space from the pubes to the diaphragm, Spencer Wells diagnosed it as either ovarian dropsy or pelvic abscess. In 1865 the tumor was tapped, and yielded a sanguinous, clotty fluid, without a trace of the elements of urine in it. In 1866, one year before her death, the uterus could not be felt by a vaginal examination. The points to which I wish particularly to direct the attention of the Academy are, the position of the tumor when first examined, and the conduct of the uterus. The position of the tumor when first discovered was not in the loins, between the ilium and ribs, the locality where renal cysts generally manifest themselves, but in the region of the left ovary; and from this nucleus the enlargement proceeded. This is, as is well known, the history of the great majority of ovarian tumors. The conduct of the uterus was such as is frequently found in ovarian dropsy. In most of these cases the uterus is at first in its normal position, but by a close attachment to the ovary, the ascending tumor lifts it so high in the vagina that it can no longer be reached by the finger. In renal enlargements the uterus is usually undisturbed, at least until the tumor becomes so great as to encroach upon its fundus and press it deeper into the vagina. By some acci-

dental adhesion in Dr. Rose's case, however, the uterus became attached to the tumor, and as the latter increased in size the former was dragged upward. These two diagnostic elements, probably never before associated with renal enlargement, and so essentially characteristic of ovarian dropsy, presented to the surgeons almost positive evidence that the disease was of the latter character. The sanguineous, clotty fluid, without an element of urine in it, which was drawn from the tumor, was also well calculated to exclude the kidney.

The diagnosis between renal and ovarian cysts may in most cases be made with tolerable certainty. 1st. The situation of the kidneys behind the peritoneum necessarily places the bowels in front of them, when enlarged or dropsical On the right side the colon would be pushed forward and toward the median line. On the left the descending colon would form a longitudinal ridge. This was the portion of the colon in the unfortunate case of Spencer Wells. Down the front of the union, about an inch to the left of the umbilicus, was a cord-like ridge, which was taken by some who examined it for intestines, though it felt to Mr. Wells, as he says, very like a large, long and thick Fallopian tube. When he made his abdominal section he found that this cord-like ridge was the descending colon. He pressed it out of the way, tapped the cyst, but found it so liberally attached at its base that he did not attempt to remove it. The *post-mortem* showed that it was a renal instead of an ovarian cyst. Something may be done in the way of defining a ridge in front of an abdominal tumor. The patient may be conscious of gurgling flatus along it if it be intestine. Mr. Wells speaks of the bowels, when rolled under the finger, contracting with a firm cord-like movable roll. Again, the cord, if it be the colon, may be distended by insufflation by a tube through the rectum. Ovarian tumors are almost always in front of the intestines. 2d. The situation of the tumor on its first appearance, the ovarian in the iliac region, the renal in the loins. This point I discussed when speaking of Dr. Rose's case. 3d. A floating kidney may be diagnosed from a small ovary with a long pedicle by its shape. The former would be of its characteristic form notched at the pelvis, whilst the latter would be regular in outline and globular or ovoidal. 4th. Renal cysts are alw ays associated with disturbance of the urine, blood, pus or albumen, or all of them may be found in the secretion. Ovarian disease is just as constantly associated with disorder of menstruation.

NEW YORK PATHOLOGICAL SOCIETY.

March 22d, 1871.

President Dr. A. S. Loomis in the Chair.

Dr. Stephen Rogers reported, in behalf of the Microscopical Committee, two specimens of

Subcutaneous Fibroma.

The specimen removed by Dr. Post from the right scrotum proved to be a subcutaneous fibroma.

Polypus Uteri.

The uterine growth presented by Dr. Nolan gave the histological evidences of polypus uteri.

Fracture of Skull Comminuted.

Dr. ——— presented some fragments of a skull removed from a patient, also the patient from whom they were removed. He received a kick from a horse on the 17th of September, 1868, inflicting a wound 2½ inches long. An incision was made at right angles to the wound, and eight or ten small fragments and spiculæ taken out. For three days patient was comatose, but gradually rallied. The case was interesting, showing the amount of injury that the brain can receive with impunity.

Atheroma of Aorta.

Dr. Finnel read the history of a case of rheumatism in which there was a murmur and very much præcordial pain. This was two years ago. For the relief of his symptoms became a gin drinker, and recently during an attack of delirium tremens died.

No lesion was discovered to account for either symptoms or murmur, beyond a very atheromatous aorta.

The President said that in his opinion the cause of the murmur was due to the toughened aorta, and asked if an impulse was detected to the right of the sternum.

Dr. Finnell said the impulse was very marked.

Necrosis of Femur.

Dr. Sayre presented a specimen, and also patient from whom it was removed.

The boy in falling down caught on the rung of a ladder with the condyles of the femur, the leg being flexed. Dr. S. is of opinion that a periostitis set up, followed by necrosis. The point of interest in the case was the fact that it was suspected to involve the joint, and on this account a consultation had been called, amputation being suggested.

Dr. Sayre called to mind three similar cases, where, from an injury affecting the lower portion of femur or condyles, necrosis had resulted.

Periostitis Following Fracture of Tibia.

Dr. Sayre presented, also, an amputated leg and thigh with history.

Patient, a boy, got his tibia fractured at the epiphyses, but was allowed to walk around. Poultices were applied and extended till the whole limb was covered. When Dr .S. saw the case patient was apparently in extremis. The leg and the thigh gave evidences of fluctuation, and was amputated about three inches above the knee joint. The whole of the periosteum or tibia was exfoliated, but the joint itself was healthy. Very shortly after the operation his condition was found to be improved, and he is now doing well.

Fibromia of Righ Labium.

Dr. Post presented a fibroid tumor from the right labium. Had been of two years standing. The interest of the case centered in the fact that a similar tumor was presented at the last meeting of the society of about the same size, and removed from the right scrotum. Dr. P. had never met with either before.

CHEMUNG COUNTY, NEW YORK, MEDICAL SOCIETY.

A Quarterly Meeting of the Chemung County Medical Society was held on Tuesday, March 14th, 1871, Dr. Geo. Dean, President, in the chair.

Dr. Abbott read the particulars of a case of retention of urine, in prostatic disease, in a man æt. sixty years, consequent upon indulgence in liquor. Relief was obtained by the use of a common catheter, and ten months elapsed before a second attack, produced again by intoxication, called for instrumental evacuation of the bladder. Failing, after repeated efforts with the usual gum elastic and rigid catheters, recourse was had to Dr. Squire's vertebrated prostatic catheter, which entered the bladder with perfect ease, and three pints of urine flowed away.

Dr. Squire read the history of a case of prostatic enlargement in a patient 73 years old, in whom a moderate amount of such disease had existed thirty years. An accumulation of urine in the bladder made it necessary to introduce the catheter. Repeated attempts were instituted by careful and intelligent physicians, but the bladder was not entered. At this juncture Dr. Squire was called in consultation. The patient was in a sinking condition, and though gentle but persistent efforts to pass instruments of various curves and sizes were made, including Dr. Squire's vertebrated catheter, an impassable barrier at the neck of the bladder existed, and that viscus was not reached. Death ensued in a few days, and a careful *post-mortem* examination revealed extensive condensation of the coats of the bladder, with an abscess in their walls and such a thickened and enlarged state of the prostate gland as caused the direction of the urethra to assume the form of a right angle, at which point the instruments were arrested in their course. The morbid specimen was shown, and its rare interest and peculiarity, as minutely and clearly described by Dr. Squire, rendered it the subject of more than common inspection and discussion. Nearly all the members took part in the remarks that followed the reading of the paper and the explanation of the specimen. In the same connection, and illustrating the case under consideration, Dr. Squire exhibited a diagram, in which a sectional view of the bladder and urethra was given, with accurate measurements of distances and the relative situation of adjoining parts.

Dr. Meisel exhibited a boy five years old, with necrosis of the radius and ulna of right side, in whom as many as twelve abscesses had formed in various parts of the body.

Dr. E. L. Hart related the features of a case of parotitis in a boy twelve years old, in whom, after two days, the swelling of the gland abated and the brain and lungs became involved, producing delirium and great difficulty of breathing. These symptoms continued, with marked typhoid depression, for ten days, when, with a gradual improvement in the boy's condition, the parotid gland again began to swell. Convalescence was now fully established.

Dr. Stanchfield read a case of retention of urine in a man 57 years of age, in which, unable to pass a common silver catheter, Dr. Squire's vertebrated catheter readily and without pain entered the bladder, as if by its own gravity. Upon the evacuation of urine a tumor was discovered in the lower part of the abdomen, which increased rapidly in size, and soon presented evidences of suppuration. It was opened through the abdominal parietes and three pints of pus escaped. The man is doing well and will completely recover.

Dr. Wey read a case of backward dislocation of the os lunare, in a boy 13 years old, produced by being thrown or jerked violently against a stationary desk in school, and striking against the back of the hand, which was bent forcibly toward the palmar surface of the arm. Reduction was effected by extension of the hand and pressure upon the displaced bone. The great rarity of the case led to its being reported.

Dr. Velder read the history of a case of dislocation of the first metatarso—cuneiform articulation, in a man æt. 30 years, produced by great violence in bending the foot, which was successfully reduced by manipulation, under chloroform and ether. Perfect restoration of the usefulness of the foot has resulted. This dislocation is among the rarest in surgery.

Dr. Squire, essayist, read a paper with the title, "A few thoughts upon the subject of Fractures." Alluding to an address on fractures, delivered as retiring President two years before, he said, "I then emphatically stated that the first and most important indication in the treatment of fractures is to maintain the circulation of the injured limb in the most healthy condition possible." In enlarging upon this idea, he reported a case of fracture of the radius, with great injury to the integuments, caused by having the arm caught between car bumpers, in which suitable treatment preserved a very useful limb. A case of compound fracture of the humerus was particularly detailed. An instance of non-union of the femur was mentioned, and one of

fracture of the inner condyle, now under treatment, was commented upon. These cases were made to illustrate the principles upon which the paper treats fractures.

Dr. Wey, essayist, read a paper headed "Some considerations why the Commissioner of Pensions should be sustained by the United States Government and by the Medical Profession, for his recent course in dismissing a homœopathic practitioner from a local Board of Examining Surgeons for Pensions." This paper was based upon six specific reasons for justifying the action of the Commissioner of Pensions.

Upon the appointment of Drs. Chubbuck and Bailey as essayists for the next meeting, on the second Tuesday in June, the Society adjourned.

Editorial Department.

Periscope.

Color-Blindness and its Acquisition through the Abuse of Alcohol and Tobacco.

Dr. Richard H. Derby, late Assistant-Surgeon of Prof. Von Graefe, at Berlin, says in the *N. Y. Med. Journal*:

Achromatopsia, akyanopsia (Graefe), anerythropsia, or Daltonism, are but a few of the names that have at various times been applied to color-blindness.

In the text-books we find cases of this affection cited as literary curiosities. It was believed to be nearly always congenital, and not amenable to treatment.

Modern investigators have immensely enriched this previously barren field. Color-blindness has been found an almost constant accompaniment of certain diseases of the optic nerve and retina. Excessive use of alcohol and tobacco is now known to produce color-blindness over a portion or the entire extent of the visual field. Exposure to wet and cold may lead to the same condition.

In many cases of amblyopia, an examination of the perception of color reveals functional changes most marked, and indeed in many cases, where the ordinary tests would indicate no pronounced difference in the acuteness of vision in various portions of the visual field, we find a most clearly-defined central color scotoma.

The question may be asked, if color-blindness is so constant a symptom in certain forms of amblyopia, why is it that patients so rarely complain of it? The explanation is undoubtedly in the fact that "the simultaneous falling off of the acuteness of vision appears to them relatively a far more grievous affection, and a disturbance in their perception of color seems natural. They are apt too to compare their present amount of vision with what their normal vision was by poor light.

"With deficient illumination at a certain point we lose the power of recognizing, not only the outline, but the color of objects; we distinguish only light from darkness. Consequently the attention of the patient is only drawn to his color-blindness in those cases where it is very pronounced, and where, on the other hand, the amblyopia is slight.

"The fact that color-blindness and amblyopia are not necessarily associated together is reason enough that the condition of the perception of color should be especially examined in affections of the eye; such an examination may reveal us facts striking and unexpected, of importance for our diagnosis and prognosis."*

On Santonine, as a Cause of Urticaria

Dr. E. H. Sieveking, physician in ordinary to H. R. H. the Prince of Wales; physician to St. Mary's Hospital, etc., says in the *British Medical Journal:*

I recently prescribed for a little patient of four years old three grains of santonine with five of sugar, which were given to her with her tea; and the nurse was of opinion that she could not have taken the entire dose, as the cup was not emptied. Very soon afterward, vomiting, accompanied by a severe rash, described as uticaria, and covering the greater part of the body, set in. I saw her soon afterward, and found her somewhat prostrated by the attack, but otherwise presenting no unusual symptoms. As, on inquiry, it appeared that some error in diet had been committed, I was not disposed to attribute the effect to the santonine, and therefore ordered the dose to be repeated on the following day. Almost directly after taking the medicine (and this time, again, it is probable that only a portion was taken), a white wheal appeared on the nose, surrounded by an erythematous blush; and a similar eruption rapidly covered the body. Violent vomiting set in, but unaccompanied by abdominal or other pain, or by purging; and the entire face became swollen. This swelling attained such a height, that when I reached the house, within a quarter of an hour of the commencement of the symptoms, the child's face was disfigured to such an extent as to make her almost unrecogniza-

*Lebert, Archiv f. Ophth. xv., 3, p. 28.

ble. The lips, from which some viscid saliva was still issuing, were swollen to an enormous size, glistening from the œdematous distention. The nose—at other times a delicate feature in a sweet little face—was enlarged to the size of a negro's; and the eyes were almost closed by the same condition of the lids. The intellect was unimpaired; and there were no spasmodic or other symptoms referable to the cerebro-spinal centres. I at once placed the child in a warm bath, which soothed her; and within an hour the œdema and the rash had for the most part disappeared. No further bad result followed; but, on the contrary, although no vermifuge effect was noticed, the child's appetite and general condition were improved on the following day, after a night of sound sleep.

It naturally suggested itself that the powder had not been properly made up; and that some ingredient, for or besides those ordered, might have been introduced. But an analysis, kindly made for me by Mr. Squire, satisfied me that there was no ground for this assumption, and that the result could be attributed solely to the santonine. The analogy presented by the symptoms occasionally resulting from the use of copaiba, the consumption of honey, of shrimps, of mussels, of strawberries, assist us but little in the explanation of the occurrence; but it seems clear that the effect resulted mainly from a peculiar irritation applied to the pneumogastric and sympathetic nerves. The vaso-motor nerves were evidently largely implicated; but I do not remember ever seeing an instance in which so large an effusion of serum took place with the same rapidity, or disappeared as quickly.

The Cure of Fistula in Ano Without the Knife.

Dr. EDWARD C. HUSE, of Rockford, Ill., writes to the *Medical Record:*

A prompt and successful result, in several cases of anal fistula treated by injection of iodine, has induced me to call attention to this subject. While disclaiming, of course, any originality for this *plan* of treatment, the *manner* in which I have employed it is probably somewhat new. At all events, it has thus far been entirely and permanently successful in my hands; and the suggestions of M. HENRY, assistant to M. BONNAFONT, as long ago as 1858, on this subject, seem to have met with undeserved neglect.

The iodine should be employed in the form of a *saturated ethereal* tincture. Its advantages over the officinal or alcoholic tincture are obvious. It is not only *stronger*, and thereby excites inflammatory adhesion in the walls of the tube, but the ether evaporates almost momentarily, and a pure coating of iodine is left along the fistulous track, which doubtless encourages absorption.

The instrument I have used is an ordinary hypodermic syringe, with small silver canula, which may be readily bent to correspond with the direction of the sinus.

The mode of operation is as follows: After exploring the fistula with a *very small* probe (the ordinary probe of the pocket-case is far too large), after determining its course and extent, the patient is to be placed in a good light and a glass rectal speculum introduced, with its fenestrum opposite the internal orifice of the fistula. The canula is now bent to the required curvature and introduced, when the syringe, filled with tepid water, is screwed on, and the surface thoroughly cleansed of all extraneous matter. This step is not only essential, but serves to allay timidity, or dread of the subsequent operation.

Next, by pressure, the fistula in its whole extent should be dried out, and the iodine will thus come in direct contact with its walls. Introduce now into the speculum a quantity of carded cotton. This will absorb any of the iodine which might otherwise be injected *through* and injure the mucous membrane, and by its characteristic stain will serve to show the completeness both of the fistula and of the operation.

The canula may now be re-inserted and the injection made. It should be done *slowly*, and at the same time the canula gradually withdrawn. Every part of the surface will thereby be reached.

The operation, which is not very painful, should be premised with a cathartic and followed with a full anodyne, as ordinarily with the time-honored knife method. The patient need not be confined to his bed, or room, even for an hour.

Causes of Failure in the Operation for Squint.

At a recent meeting of the Medical Society of London, Mr. SPENCER WATSON read a paper on the Causes of Failure in the Operation for Squint. He placed in the hands of the Fellows a copy of the results of an analysis of 103 cases of convergent strabismus. The causes of failure were enumerated under the following heads: 1. The pathological conditions were in some cases misapprehended. Squint had been supposed to depend in ordinary cases upon mechanical obstructions to the movement of the muscles, or to bands of fascia. But, from the free mobility of the squinting eye, when the other was closed, this was evidently an error. In two-thirds of the cases, hypermetropia was one of the conditions present in squint. At the same time, retinal changes had a material influence in determinating the permanent character of the squint. 2. The operation might fail in improper cases: for instance, where there was eccentric fixation, an apparent strabismus was seen, and here an operation would give rise to diplopia, and would not probably

produce improvement in the patient's condition unless the other eye were much impaired in visual power. Or, again, strabismus might be apparent where one eye was very much larger than the other from progressive myopia in one, the other being normal. The cornea of the smaller eye appeared nearer the inner canthus than that of the larger eye, and this appearance might mislead the surgeon. 3. The operation might fail from not being properly performed; the tendon might be missed, or divided too far from the sclerotic insertion. 4. The after-treatment might be improper; the patient might object to a second operation, or to the wearing of spectacles; or, the refraction not having been ascertained, the surgeon might neglect to order the necessary glasses, or might cover up the eye too long. In certain cases of periodic squint, apparent squint, and squint in very young children who could not wear glasses, as well as in cases due to brain-disease, the operation should not be performed. Mr. Watson remarked on the importance of adapting the kind of operation to the size of the squint, and the advantage of using the strabismometer before operating. The strabismometer of the late Mr. Zachariah Laurence was the most convenient and effective.

Traumatic Aneurism.

Prof BRIGGS, of Nashville, in the Nashville *Journal of Medicine and Surgery*, gives the following cases of this disease:

My experience sustains the teachings of Guthrie, that there is no assurance against hemorrhage in traumatic aneurism, whether diffused or circumscribed, except by a ligature above and below the wound in the vessel. A case which came under my observation during last summer will serve as an illustration.

A young man let his knife, which he held open in his hand, fall, the point entering about two inches below Poupart's ligament, directly over the sartorius muscle, passing obliquely downward and inward to the extent of an inch or more. A gush of arterial blood escaped at the time, but hemorrhage was arrested by pressure, and the wound healed promptly. In a few days afterward an aneurismal tumor formed at the point of injury, as large as a goose egg, and perfectly circumscribed.

Four weeks after the injury, the skin over the tumor becoming very thin, I was summoned to operate. Making an incision over the tumor from the upper to the lower part, the femoral artery was exposed just as it entered the sac. I placed a ligature on it at that point. Every physician present was satisfied that there would be no hemorrhage when the sac was opened. To prove to them that there would be considerable hemorrhage from the lower end of the artery, I placed a tourniquet on the limb below the wound, loosely, with directions to tighten the moment I made an incision into the sac. As soon as I did so a few clots were discharged and then a stream of blood was thrown three or four feet in height, which was promptly arrested by screwing up the tourniquet, when I proceeded to sponge out the sac and place a ligature on each side of the puncture in the vessel. The patient was well in a short time.

I will allude to another case which occurred in my practice several years since. A gentleman received a gunshot wound in the inner and upper part of the thigh, the ball ranging inward toward the femoral artery. In a few days a circumscribed aneurism formed just below Poupart's ligament. I ligated the external iliac artery. The tumor was very much diminished in size, and its pulsation almost checked. Four weeks afterward, the sac having inflamed and suppurated, it opened spontaneously, and such a discharge of blood followed as reduced the patient to an extreme condition before the nurse, who had been fully instructed, could arrest it by pressure. When a free incision had been made into the sac, the wound of the artery was found after a tedious search, and a ligature applied to the lower end of the artery. He recovered after an illness of two months or more.

To Have Good Water.

An article by Mr. M'GORDON, in the *Med. Times and Gazette* (London), says:

The only practical mode of pipe construction which appears to meet on the one hand the requirements of purity and wholesomeness, and on the other cheapness and ductility, is a block tin pipe, encased in lead, the two metals so formed in conjunction with each other as to combine the qualities of ductility and pliability of the lead with the innocuous character and superior tenacity of the tin. The lead casing, which forms a protective coating to the tin pipe, being largely in excess, imparts to the pipe in its combined form the physical qualities which characterize lead, and the two pipes being so united at their surfaces of contact as to be inseparable by any contortion to which they may be subjected. The method of producing this pipe is simple and inexpensive, and consists in forming an ingot of lead, enclosing an ingot of tin, and forcing them simultaneously through a die and over a cone by the usual hydraulic power. The superior tenacity and lower specific gravity of the tin admits of such a diminution in the thickness and weight of the pipe that the manufacturers are enabled to offer it at the same price per yard as lead pipe of equal strength. In other words, it will cost no more to fit up a dwelling with this pipe than with the ordinary lead pipe. From experiments which have been

made by the coöperations of Glasgow and in this town, it has been found that this pipe possesses a power of resistance to pressure even greater than that of lead pipe, more than double its weight per yard. Mr. McGordon stated, in conclusion, that wherever the invention had been applied, its sanitary value had been found perfect. The manufacture was daily increasing, and its merits were being recognized, not only in this country, but in foreign countries.

Is it Right to Vaccinate or Re-Vaccinate Pregnant Women.

Robert Barnes, M. D., obstetric physician, and lecturer on midwifery and diseases of women and children at St. Thomas's Hospital, writes to the *British Medical Journal* on this topic:

The question has frequently been put to me, Is it right to vaccinate pregnant women? Some persons seem to entertain the apprehension that pregnant women incur special and serious risks under vaccination. To justify exceptional neglect of vaccination in their case, it ought to be shown, not only what this special risk is, but also that it is more serious than the risk incurred by the women themselves by taking small-pox, and thus of propagating the disease to others. The community, as well as the pregnant women, must be consulted.

To make out, then, a case for special exemption, it ought to be shown that the pregnant woman incurs a particular danger. Where is the evidence of this? The following passage from Dr. Meig's work on *Diseases of Females* (1848) has been cited to me as authoritative in this matter. "Do not," says Dr. Meigs, "vaccinate women when pregnant. I have been the witness of dreadful distress from the operation. Eschew it, I entreat you." It would be very desirable to have the cases justifying this very emphatic assertion recorded. I fear there is some confusion in the matter. Then, asking for evidences of mischief, as of abortion, from vaccination, I have been told of abortion and serious illness following small-pox. I do not doubt that small-pox is a most serious accident to a pregnant woman. But does it not follow, *à fortiori*, that pregnant women should be protected against small-pox?

My own experience has supplied me with many illustrations, which warrant the following propositions:

1. Pregnant women living under epidemic or zymotic influences, are more prone to take the prevalent morbid poisons than others.

2. Having taken a morbid poison, they are less able to throw it off. Their excreting organs, charged with the double duty of purifying two organisms are liable to break down under the additional burden.

3. The morbid poison pursues its course in a system which is less able to resist its injurious action. Abortion, and a most dangerous form of puerperal fever, are very likely to follow.

Against this certainly greater risk of taking small-pox, and certainly greater severity of the disease, if taken, what, I ask again, is the special danger of vaccination or revaccination? The operation, we know, is not altogether free from danger in adults of either sex. Before resorting to it it is wise to get the system into good condition. Do pregnant women run more risk than other adults? Probably they are at some disadvantage. But I believe that the special dread of abortion is exaggerated, if not altogether unfounded. The healthy ovum clings to a healthey uterus with wonderful tenacity. An ordinary illness, much less the slight febrile disturbance of vaccination, will not affect this relation. On the other hand, slighter causes may precipitate an abortion already imminent.

So far is vaccination from causing abortion, that cases are known in which the fœtus has gone safely through the vaccine disease *in utero*, so that it has subsequently been proof against vaccination.

I think, then, we may conclude, in the absence of decisive evidence of special danger, that pregnant women are entitled to equal protection against small-pox with the rest of the community; and that vaccination or revaccination should be practiced on pregnant women in their own interest, as well as that of the community of which they form a part.

The Use of Purgatives.

The *Medical Press and Circular* reports a lecture by Dr. Carr, in which he says:

A dietary capable of nourishing the body, and yet of favoring daily or bi-daily relief, is very desirable, and may be readily discovered. In the case of young children who live mainly on milk and farinaceous food, and who are torpid, the substitution of cream for milk is of great value; the omission of casein as a food, and the substitution of butter, proves a great boon. In children, who partake largely of animal food, the decrease of this, and the increase of vegetables, will effect the desired change; or fruits, baked apples, prunes, and the like, will be followed by good. The torpid state of young people, middle aged, and aged, will often be cured by eating brown instead of white bread, or drinking a tumbler of water early in the morning. Oatmeal porridge, with cream or treacle, has proved a great boon to many habitual torpids. Above all, habit does much; the forced visit paid immediately after breakfast will often induce, if persevered in, the daily relief; and, if repeated in the evening, will be followed by an equally satisfactory result.

Regular walking, in addition to change of diet, will also do much to effect a cure, Should, however, these fail, recourse must be had to drugs, and of these, usually, the mildest are the best. It is also worthy of remark, that all forms of aperients answer best, if taken at bedtime. Thus, among the laxatives, castor oil is the most reliable; and a teaspoonful taken at bedtime for a night or two will usually produce free defæcation. Among the salines, sulphates of magnesia and potash are the best; and the former combined with taraxacum, the latter with rhubarb, form excellent cathartics. The most valuable of the acrid cathartics are senna and jalap, both of which require to be combined with carminatives. If hydrocatharsis is desired, bitartrate of potash should be given with jalap, or elaterium may be used. For removing evident hepatic affections, the various forms of mercury may be given, notwithstanding the opinions entertained by Dr. Hughes Bennett.

As a record of the value of purgatives in special cases, we possess no better book than that of Dr. Hamilton, who wrote in 1805. Dr. Carr's experience supports this writer, and he further remarks that habitually torpid bowels are always accompanied by more or less of disturbed health, an unhealthy skin, usually yellow, with fœtid breath. Such being the case, it is the duty of the judicious medical man to ascertain the causes of this torpor, and, if possible, to remove it. If the diet or habits be faulty, to correct it; and, this failing, then to give suitable drugs. Against interference, it has been urged that many persons will pass days or weeks without relief, and yet retain health; to which it may be replied, that these cases are exceptions; that, as a rule, health is alone possessed by the individual who obeys the laws of nature, and defæcates once a day. So important is this to the well being of the individual, whether young or old, that its omission is, as a rule, followed by functional disturbance, and, if continued, by actual disease. And this fact cannot be too much impressed on all persons. Hence, the management of the bowels in early life should be well understood by mothers; so, too, their proper regulation in the middle periods of life; and the care of these organs should be well regarded in the decline of life—not so much by physic as by the laws of common sense. Here the value of enemata may be spoken of—they simply empty an over-loaded rectum.

Of the evils of purgatives, Dr. Carr dwelt with much force, contrasting the practice of the present day, which goes in for gentle rather than strong remedies, with that of thirty years ago. No form of cathartic can do good over and above the removing from the prima via its contents, and the exciting the exhalents to pour out of the blood its serum. Purgation must be, after the removal of the excreta, a weakening process, and should never be practiced in cases of atonic disease, or where there is a condition of shock. In the parturient state, it is always a good rule to pass three or four days without relief, after which, if there be no action, to give at bedtime a teaspoonful of castor oil.

Aperients should seldom be given in known or suspected malignant disease of the abdominal viscera. In these cases, opium combined with belladonna will give the needful relief. A similar treatment Dr. Carr always practices in cases of acute torpor with urgent symptoms of constipation, severe abdominal pain, and sickness with a high temperature; repeated doses of opium with belladonna, and continued for a few days, usually succeed in obtaining the desired alvine evacuation.

In persons whose powers are feeble, and who eat both little and light food, the daily relief may be, as pointed out by Sir HENRY HOLLAND, too much. An action on alternate days, in their peculiar circumstances, is far better; still with them it is very undesirable to permit the bowels to get overloaded.

It will thus be seen that, as a rule, health is maintained by obtaining a daily relief; that diet and good habits favor this; that, failing the good rule, gentle medicines will establish it; and that strong purgatives should be rarely resorted to.

How are Idiopathic Fevers Cured?

JEROME COCHRAN, M. D., of Mobile, Alabama, communicates the following article to the *Nashville Journal of Medicine and Surgery:*

There is no section of the science of Medicine of more interest than that which treats of the Idiopathic Fevers. The principal diseases which belong to this group are small-pox, measles, scarlatina, typhus fever, typhoid fever, yellow fever, and malarial fever. Erysipelas, varicella, whooping cough, and some others, may also, perhaps, be included in the same class. Each of these fevers is caused by the introduction into the system of a specific poison, which generates a specific disease, with a specific train of symptoms; and each of them runs through a definite course of pathological changes, which no skill of the physician, and no healing virtue of drugs, can arrest in any of its stages. For example, the natural period of typhoid fever is twenty-one days; and no case of it was ever known, under any treatment, to recover in less time. The natural period of small-pox is fourteen days; the natural period of measles is seven days; and the natural period of scarlet fever is five days. Various complications and *sequelæ* may keep the patient sick a little longer; but the specific fevers themselves run through their several stages in the times I have mentioned, and no agencies, the most potent, of medical science, will enable us to abridge their du-

ration. They all observe the same law. They are all self-limited diseases. Each one of them runs on, from stage to stage, until the susceptibility of the system to the poison which produces it is exhausted—until the action of the poison is no longer poisonous; and then, when the malignant energy of the poison can no longer find a vulnerable point in the system, the disease spontaneously subsides—dies, because it can no longer find food to keep it alive.

There are only three ways conceivable in which these fevers can be cured by medicine.

1st. The medicine may act on the poison which produces the fever, may neutralize the poison by some occult agency of physics or of chemistry, may so change its static condition, or its dynamic condition, as to make it innocuous to the human organism. This is a method of cure which may be speculatively entertained. As a provisional hypothesis, it is entirely legitimate. But when it is weighed in the balances of rational medicine, it is found wanting. Not one empirical fact, not one practical observation can be found, anywhere, to sustain it. These fever-poisons have never been isolated. Of their physical and chemical properties we know nothing. We do not even know whether they are separate material miasms, floating in air or pent in stone; or whether they are simple malignant energies, dependent on some abnormal polarity of some normal constituent of the organism. The doctrine, then, of specific antidotes—of medicines which cure idiopathic fevers by neutralizing the poisons which generate the fevers, cannot be sustained by any appeal to facts, by any legerdemain of Baconian philosophy, by any method of empirical induction. Even if we had a complete antidote for any of these fever-poisons, it would be of very little practical value as a therapeutic agent. For, as the poison passes continuously into the system from without, or is continuously generated in the system by some inexplicable morbid process, and so saturates the blood in its whole course through all the tissues and organs of the body, it is evident that the antidote, also, would have to be introduced into the system continuously, so that the blood might be saturated with that also; because, in no other way could its neutralizing power be efficiently exerted. The continuous malignant activity of the poison would need to be met by the continuous beneficent activity of the antidote, and this would require its continuous administration; and the practical result would be that the recovery of the patient would be indefinitely protracted. As long as the patient was exposed to the poison, with his system susceptible to its influence, he would need the protection of the antidote.

2d. The second way in which it is conceivable for medicines to cure idiopathic fevers, is for the medicine to act on the patient so as to cause the elimination of the poison. But here, again, the continuous introduction of the poison would need to be met by its continuous elimination, and this would result in the continuous administration of the medicine, and the indefinite protraction of the disease. For, if the elimination ceased, while the poison still continued to pour into the organism, and while the organism was still susceptible to its influence, the accumulation would soon be sufficient to reëstablish the disease.

3d. The third way in which it is conceivable for medicine to cure idiopathic fevers, is for the medicine to act on the patient so as to destroy the susceptibility of the system to the influence of the poison. This method of cure is not liable to the same rational objections that have been shown to invalidate the method of neutralization, which would destroy the poison in the system, and the method of elimination, which would forcibly expel the poison from the system. It is theoretically sound. It is proof against all rational criticism. The difficulties it has to contend against are all practical difficulties, growing out of the limitations of our *materia medica*. In a word, we have not got the remedies to meet the indication. Leaving malarial fever and its remedies, for the present, out of view, we know of no medicines by which the susceptibility of the system to the etiological poisons of the idiopathic fevers can be destroyed. What then? If, of the only three imaginable methods of cure, two are theoretically impossible, and the third is impracticable because of the limitation of our therapeutic resources, it follows, of necessity, that in the present state of knowledge, idiopathic fevers cannot be *cured* by the use of medicines. Whatever means of investigation we make use of, to this conclusion we must come at last. So far as medicines are concerned, the idiopathic fevers are incurable diseases, malarial fever always excepted. No man can cure typhoid, or typhus, small-pox, measles, or scarlet fever. They are self-limited diseases, and get well of themselves, when they get well at all—subside spontaneously, when they have run through all their regular pathological changes—when, in a word, the system is no longer susceptible to the morbific influence of the poisons which produce them. For, happily, that insusceptibility which medicines are not able to establish, that blessed immunity which human science is not able to confer, is wrought out for the patient by the disease which ravages his system. What this wonderful change is, we cannot even guess. Whether some element of the blood, which serves as a pabulum for the poison, is destroyed; or whether some new element is introduced into the blood which has the power to withstand the poison; or whether there is some alteration of nervous polarity which protects the organic nervous system against the assaults

of the poison, we cannot tell. But we know that some change is wrought in the organism, which makes it no longer susceptible to the poisonous influence. We know that in most cases, and in most of these fevers, the immunity thus obtained is permanent, lasting for the rest of the patient's life. We know, also, that the recovery of fever patients is due to the spontaneous subsidence of the fever, which subsidence is due to the destruction of the susceptibility of the patient's system to the influence of the fever poison; *and we know that fever patients never get well in any other way but this*, keeping in view the seemingly exceptional case of malarial fever, because I do not believe that it is really an exception, but that it also conforms to the general law. I do not believe in exceptions to natural laws. Nature works in no such bungling fashion, and tolerates no such impertinent monstrosities. There is no more stupid maxim than "*Excerptiæ perobuat regulam*," in the sense in which it is usually employed, although there is a sense in which it is true enough—the sense, namely, in which the existence of the exception, as a fact, proves the existence of the rule, as a fact; but without proving the truth of either. The difference, on this point, between malarial fever and the other idiopathic fevers, is found in the fact that, while the exhaustion of the susceptibility of the system to the influence of the specific poisons which generate them, is, in all the others, usually permanent, in malarial fever the exhaustion of susceptibility is usually, perhaps always, temporary—lasting, indeed, but a few hours in a great many cases.

This hypothesis furnishes the readiest explanation of that *vexata questio* of speculative pathology, the intermittance of malarial fevers. Take the tertian intermittent as the most perfect form of the disease. The patient goes to bed at night well; he gets up in the morning feeling a little languid and feeble; about nine or ten o'clock he has a chill; in twenty or thirty minutes this is followed by a fever; the fever lasts four, five, or six hours, and passes off with a sweat; and then the patient feels well again; eats and sleeps, and goes about his usual work. He feels well, because he is well; the disease, *pro tempore*, has been conquered; he remains well during the whole of the next day; but, on the third day, the disease returns at the same hour, and passes through the same stages as before. Now what is the meaning of these phenomena? Simply this: The paroxism comes on in the morning, because, perhaps, the poison exists near the surface of the earth in greater concentration during the night than during the day, and enters the system more rapidly; and partly, also, because while the nervous energy is benumbed by sleep, it is less able to resist the morbific influence of the poison. Thus the conservative energies of the system are overpowered. Then follows the shuddering horror of the chill, the period of trepidation, the period of fright. But this does not last long; all the organic powers are summoned to the rescue. Then comes the dreadful struggle, the fight, the period of febrile reaction; the invading poison is forced to retreat, and the controlling influence of the organic nervous energy is reëstablished throughout the system. For the time, the patient is well. He takes great draughts of malaria with impunity. He plays the *role* of Mithridates. But in forty-eight hours his susceptibility returns, and he has another paroxism like the first. And these tertian paroxisms continue indefinitely; the patient is one day sick and one day well, until, perhaps, the disease lapses into a remittant, or until the patient is removed to a more salubrious locality, where there is no malaria among the things that flesh is heir to; or until the cold weather comes, and destroys the malaria; or until the physician interposes the protective influence of the quinine, the most beneficient of therapeutic agents.

The quinine acts, not by neutralizing the malaria in the system; and not by expelling the malaria from the system; but by fortifying the system against the influence of the malaria, by reënforcing the organic nervous energy so as to make it powerful enough victoriously to resist the malaria. While the organism, without extraneous aid, is usually unable to maintain its immunity from the influence of the poison but two days, the immunity following the administration of quinine usually last two weeks. In all forms of malarial fever, quinine is a specific remedy; not specific in the sense of a chemical antidote, changing the state of the malarial poison, either by decomposing it, in a manner analogous to that in which chlorine destroys the noxious effluvia of decaying vegetable or animal substances; or by forming, with it, new and more complex compounds, which, for some reason, are innocuous to the system—not a specific in this chemical sense, but a true therapeutic specific—a remedy which has the power to repair the ravages which the malaria has wrought in the organism—which increases the power of resistence against the morbific influence with which nature has endowed the organism—a remedy, in a word, which acts, not directly upon the poison producing the disease, but upon the organism itself.

Report of Five Cases of Typhus Fever Treated with Belladonna.

Dr. T. S. Latimer says in the *Baltimore Medical Journal* for August:

A few months ago my attention was arrested by an article in the "London Medical Times and Gazette" on the use of belladonna in typhus fever. So signal was the benefit ascribed to it by the

writer, that I determined to try it at the first opportunity, for which I had not long to wait.

On the 29th of April I was called to see a negro girl, about 25 years old, living in an alley immediately in the rear of the jail, where, at that time, there were quite a number of cases of typhus. Though I could trace no direct communication with any one who had had the disease, the proximity of the jail and the filthiness of the neighborhood sufficiently accounted for its orign. I have had considerable familiarity with this disease in hospital practice, and had no difficulty in diagnosing the case before me. I shall not attempt to describe the symptoms at length; they were such as ordinarily characterize the disease, presenting no especial peculiarity. A few days of languor and lassitude, with dull headache, associated with constipation, preceded a slight chill, with subsequent fever, increase of headache, intellectual dullness, with a restless sense of danger giving to the face that peculiarly anxious expression quite characteristic of the disease, which gradually gave place to an expression of weary indifference, were the prominent symptoms in each of these cases. This girl had been confined to her bed two days when I saw her. She was in a filthy condition, as was everything else in the room. I ordered all her clothing to be changed, her whole body to be well washed, a mattress to be placed on the floor, on which she was put, and all other articles of bedding and wearing apparel to be removed from the room; that the whole house should be thrown open as freely as the weather would permit, and that every person living in the house should take a morning and evening bath. I then directed $\frac{1}{4}$ gr. of the extract of belladonna every four hours, the free use of beef tea, and that the whole surface of the body should be sponged with tepid water twice a day. This treatment was continued without modification of any kind until the 5th day of May, when I directed, in addition, one-half ounce of brandy every four hours. The patient did not become delirious until the seventh day, and the delirium began to subside about the tenth day; at no time was it very great. It was possible at all times to fix her attention and obtain intelligent answers to plain questions. By the twelfth day I believed her out of danger, and declared her convalescent. On the tenth day of her illness, the eighth of its administration, the belladonna was directed to be given but twice a day, and on the twelfth day it was stopped altogether, as was also the alcoholic stimulant, except that the yolk of an egg was occasionally given, beaten up with a tablespoonful of brandy, which proved a palatable, nutritious, and readily-digested article of diet. A rapid convalescence ensued, without the occurrence of retarding circumstances.

On the 12th of May a little daughter of the first patient, about six years of age, became affected in the same manner, and was put on the same treatment, the dose of belladonna being, of course, much diminished (1-40 gr. every four hours.) The strength began to fail a little earlier than in the former case, and it was necessary to use the alcoholic stimulant more freely. In no other respect did this case differ markedly from the first. Convalescence began about the same period, and progressed favorably to recovery.

On the 18th of May a negro woman, who had nursed the first case, was attacked, and the disease pursued the same course with little or no variation, except that there was a little more prostration, and convalescence did not begin quite so soon, nor progress so rapidly as in the other cases, owing, I have no doubt, to the fact that she was a delicate phthisical woman. The treatment was the same, except that in addition to the stimulant, which was used in the same quantity and with the same frequency, the yolk of an egg beaten up with brandy was taken twice a day. She seemed to enjoy the egg, and no unpleasant effect was observed from it.

On the same day (May 18th) I was called to see a white woman, æt. 38, who had had a slight chill on the previous day, was now suffering with violent headache and pain in the back, and indeed with very much the same train of symptoms as the cases just related; but I did not suspect the true nature of the disease, owing to the fact that she had had a large abscess in the submaxiliary region, which had opened into the mouth a few days before. She having accidentally swallowed a part of the pus, was intensely nauseated, and vomited freely. I was therefore disposed to refer the condition of this patient to pyemia, thinking that a portion of the pus had been absorbed from the stomach, or perhaps from the seat of the abscess. Nor did I suspect the true nature of the disease until the seventh day, when her mother called my attention to an abundant eruption upon her body, which I at once recognized as the characteristic eruption of typhus. Up to this time I had been treating her with quinine and iron, with alcoholic stimulants, to which I now made the addition of the extract of belladonna, given with the same frequency and in the same quantity as in the other cases. The egg and brandy, and beef tea were freely given. This patient was confined to her bed about three weeks, and her convalescence has never been perfect. She is a phthisical subject, and that disease has made very rapid progress since the inception of typhus, and I think she has but a few months to live.

On the 2d of June a negro woman, who had been living in the same house with the first three patients during their entire illness, but had subsequently removed to another neighborhood, became

affected with the same disease, which pursued a course differing so little from those already related that no especial description is necessary. The belladonna was again administered, and the brandy for three or four days, during the most critical period of the disease, was given in tablespoonful doses, four times a day. She is now (June 27th) quite well, though of course she has not yet recovered her ordinary strength, and still has some stiffness and soreness about the joints.

In none of these cases could I observe any definite or special effect from the belladonna; but I am strongly inclined to believe it exerted a favorable influence on the general course of the disease, and somewhat lessened the severity and duration of the delirium. In neither case was any other medicine whatever used, except in that mistaken for pyemia, in which the quinine and iron were continued throughout the disease. The quantity of stimulus used was small, and that but for a short time, except where the phthisical complication existed. I am, however, disposed to refer considerable benefit to the frequent sponging, which certainly added greatly to the comfort of the patients and, I believe, to their recovery.

A Case of Hysteria in a Male Subject.

Dr. A. B. ARNOLD writes to the Baltimore *Medical Journal* for July, 1870: The following case derives its interest from the illustration it affords of the occurrence of hysterical symptoms in the male sex, and the influence which slight causes may exert in producing an apparent formidable neurosis.

A few days ago I was hastily summoned to see a man, who was pronounced to be in a dying condition. The patient appeared to be about twenty-five years of age, massive in structure, of elegant proportions, and of remarkable manly beauty. He laid on his back, stretched out in full, and continually either moaned, sobbed and flung about his arms, or was affected with stridulous breathing. When attempting to speak or swallow any fluid he was thrown into a fearful laryngismal spasm, with every sign of being in imminent danger of suffocation. These paroxysms were even excited by the least noise in the room. The man was perfectly rational, and immediately responded to the request of showing his tongue or changing the position of his body. By the movements of his hands he seemed to indicate that his greatest trouble was in his throat and chest. A physical examination elicited, however, nothing abnormal about these parts. From what I could learn from the people of the house it appeared that the young man was of sober, regular habits, and followed the profession of veterinary surgeon. He returned in the evening from a call in the country in a very prostrated condition, and complained of having been suddenly taken ill with giddiness of the head, great oppression of breathing, wandering pains all over the body, and a sensation of faintness. On request to give some information of the previous state of his health, he wrote with a pencil on a slip of paper that he had suffered with gastric derangement for the last few days and occasional colicy pains.

Sinapisms over the stomach had produced no relief, and it was out of the question to prescribe for him any internal remedies on account of his inability to swallow anything. Thinking that the inhalation of chloroform might do some good in removing the dysphagia and the evident spasmodic condition of the glottis and respiratory muscles, I began to administer this anæsthetic agent, but on taking the first whiff, the patient was immediately affected by one of the paroxysms, which induced me to desist. The great resemblance of some of the symptoms to hydrophobia caused me to make the proper inquiries, but I was assured that my conjectures were wrong. In course of about half an hour the labored and suffocative attacks were replaced by belching and retching, and the case took altogether a favorable turn.

I left the patient with the direction to soak a napkin with some brandy and water, for him to press out the liquid with his lips, and then to swallow it as best he could. On my next visit I found him perfectly restored, and walking about his room. He had followed my directions, and after repeated failures he succeeded in swallowing a large quantity of the stimulant, and soon after fell into a sound sleep.

Reduction of Hernia in the Erect Posture.

Dr. MCGEACHY in *The Canada Lancet* gives a case in which the patient was relieved by taxis in the erect posture, and adds the following remarks:

Firstly.—Obstinate constipation, or complete occlusion, may sometimes be caused by a partial incarceration of a portion of an intestine, which neither digital examination nor any physical means can properly demonstrate. The extreme importance of a proper diagnosis in suspected cases need not be insisted on. This patient had taken for two or three days previous enormous doses of salts, but without any effect; this I was not aware of at the time. I had a very interesting case of this kind some time ago, which terminated on the fourth day in complete relief, by spontaneous reduction.

Secondly.—Is the erect posture the proper one, or only accidentally advantageous? Might I presume to offer a theory to my medical brethren, which, in the absence of any other that I am aware of, may be thought worthy of some consideration?

I believe that the proper position, theoretically

for the reduction of a strangulated inguinal hernia, and in which alone the co-operation of dynamic agencies can be utilized, is the erect posture, with the flexure and adduction of the thigh.

The means to be used are obvious. If beforehand the colon be well evacuated, or as much so as possible, every rational preparatory condition will have been fulfilled. In the old position, but one force is brought to bear—the *pushing force* used by the operator, if I may so term it. By this method we have also a pulling force (viz. a fronte), namely, the weight of a large portion of the bowel striving to drag the remainder from its posture of imprisonment. Why not, then, invert the patient, and secure the action of this new force in a still greater degree? Simply this: The rythmic action of the diaphragm forbids the continual operation of this force, and should it have any effect, it often leaves matters *in statu quo*, during its contraction. Besides the force here would generally be acting at an angle, the ring being the fixed point.

Thirdly.—Many practical men prefer this method of reduction, without regard to theory.

Pathology and Treatment of Tuberculosis.

WADE MINOR LOGAN, M. D., of Cincinnati, says, in the Cincinnati *Lancet and Observer* for August

Without pausing to discuss the relative merits of the various theories that have been proposed concerning the nature of this disease, or for other preliminaries, I proceed to the consideration of some investigations that I have recently made.

The chemical analysis of tubercle shows that the phosphates, especially the phosphate of lime, is the inorganic element of this morbid deposit, just as iron is an inorganic element of hæmatin. And according to that law of physiological chemistry known as vital affinity, we would reasonably expect the introduction of the phosphates into the system of a tuberculous subject to give rise to a corresponding increase of the tubercular deposit. And by a series of experiments conducted by Mr. John Taylor upon tuberculous subjects in the Liverpool work-house, they were found to hasten the development of the disease; and would seem to tend conclusively, in the estimation of that gentleman, to the establishment of our hypothesis.

Such distinguished men as Profs. L. M. LAWSON, HENRY HARTSHORNE and GEO. B. WOOD, after repeated trial of the phosphates and hypophosphites of lime, soda, and potassa, have published the results of their experiments, expressing their discouragement.

I do not know of any who now claim for them that degree of reputation which Drs. STONE, CHURCHILL, and others, at one time anticipated that they would enjoy. I have, indeed, been employed in cases in which the patient had gradually sunk under them in the care of other and first-class practitioners, when a directly opposite course of medication was instituted, followed by the most flattering results.

"The urine of tuberculous subjects," says Lawson, "appears to contain less solid constituents, particularly the nitrogenized elements, while the salts, especially the phosphates, are in excess" (Lawson's Treatise, p. 464); and this statement has been supported by the majority of my own observation. NIEMEYER, in speaking of laryngeal phthisis, says, that in the progress of this disease, the laryngeal cartilages frequently undergo ossification. He also states, as do all others, that "it is exceptional for persons deformed by rachitis" (in whose systems there is a deficiency of the phosphates) "to become or die tuberculous." "Freund, of Breslau, regarded ossification of the first costal cartilage as a cause of phthisis, on the hypothesis that it prevented the free expansion of the chest, and by its acting as an irritant produced inflammation at the apices."†

I myself, when a student, long before the conception of this theory, noticed in opening the chests of a number of tuberculous *cadavers*, that *all* the costal cartilages were quite hard; one case in particular, a young female, apparently about twenty years of age, in one of whose lungs were large tubercular masses, while in the other was a large cavity; and whose costal cartilages were almost as hard as bone, which I then attributed to the disturbance of circulation and nutrition as having probably given rise to an almost perfect state of dryness in those tissues. Dr. FRICK, of Baltimore, analyzed the blood of four cases during the existence of crude tubercles, and states that, among other deviations from the normal standard, he detected an increase of lime, the quantities in the different cases being respectively, .272, .257, .276, .283; remarkably contrasting with .183, the normal proportion; and BAUMES claims to have detected in the blood an excess of phosphoric acid. (Lawson's Treatise on Consumption, pp. 57 and 145.)

Again, bearing on this point, Dr. Lawson, in treating of gray tubercles, says, "they vary in size from that of a millet seed to that of a pea; and in consistence, from a soft structure *to almost cartilaginous hardness*, being somewhat friable, and presenting a granular surface when cut." (Lawson's Treatise, pp. 32 and 33.)

It is obvious that their soft structure is most probably due to the deposit being quite recent; still in a partial state of solution, their more fluid constituents not yet having been absorbed; and that "their almost cartilaginous hardness" is due to their being to a great extent of a calcareous nature, with their fluid properties completely absorbed.

In regard to cretaceous tubercle, Dr. Lawson

says, "the chemical analysis of cretaceous tubercle shows that the animal matter becomes absorbed, while the earthly or inorganic materials remain. The relative proportion of the organic and inorganic substances in the two forms of tubercle becomes exactly reversed when the cretaceous change occurs, which is doubtless due to the absorption of the organic, while the vessels are incapable of taking up the inorganic. Pathologists speak of this change as absorption of the organic elements, while the deposition of the inorganic continues, and thus replaces the former substance. According to this view, the earthly material is an independent secretion, continuing after the deposit of the ordinary tubercular matter has ceased. It is far more probable, however, that the whole mass is deposited in the usual form and composition of tubercle, and that the ulterior changes result from the absorption of the fluid elements, while the earthy substance, being incapable of reëntering the vessels, remains in the cavity." (Lawson's Treatise, p. 96.)

Thus it is seen that the phosphates, especially the phosphate of lime, perform no insignificant part in the process of tuberculization and development of phthisis.

Now, in regard to the origin of tuberculosis, let us draw a parallel, by which may be seen the most striking analogy. Sugar normally exists in the blood nowhere else than in venous circulation between the liver and lungs. In the lungs it is destroyed by the catalytic action of the air; being converted, first, into water; second, into lactic acid; third, into carbonic acid; then and there being voided by the respiratory process. (Williams' Principles of Medicine, p. 163.)

Now, if from some defect in elaboration (as often occurs in persons possessing the rheumatic diathesis), the third change, by which the lactic acid should be converted into carbonic acid, does not take place, blood poisoning would soon be manifested by symptoms of acute articular rheumatism.

So may it also seem probable that the phosphates, to a certain extent, normally undergo some catalytic or other change, either preparatory to performing or after having performed their function in the economy, and that in the presence of the tuberculous diathesis, by this physiological process being interfered with, either by preëxisting debilitating causes or otherwise, a state of cachexia or blood-poisoning is produced, which, failing to be eliminated from the system, increases in quantity until finally its existence becomes manifested by the familiar phenomena which accompany the development of tuberculosis.

Concerning the deposit of tubercles, the theory accepted by Lawson, Watson, and others, was, that it took place by the exudation (perhaps spontaneously in most cases) of a certain specific humor (by us supposed to be to a great extent of a calcareous nature); and Prof. J. H. BENNETT says that "calcareous deposits which do not assume the form of a bony growth are usually the result of an exudation." (Bennett's Practice, 3d ed., p. 271.)

According to the accepted theory on tuberculosis proper, two separate and distinct forms of tubercle were recognized, viz.: the gray and the yellow. In regard to the ultimate tendency or result of the two varieties, Dr. Lawson says: "While the yellow variety naturally tends to softening and elimination, the gray as constantly undergoes a retrogressive action, and never softens except as a result of its *possible transformation* into the former species," etc. (Lawson's Treatise, p. 34.)

How could the gray become transformed into the yellow variety? By acting as a foreign body it would cause inflammation, and the *consequent exudation* would be in the immediate vicinity of and around the mechanical irritant, and as the more fluid constituents of the exudation would be becoming absorbed by the surrounding lung tissue, its more plastic or solid elements would accumulate around and adhere to the gray tubercle previously deposited, thus transforming the gray into the yellow variety. And we can thus easily understand why yellow tubercle contains a preponderance of albuminous or albuminoid material over either the gray or cretaceous varieties.

And the degraded condition of the blood plasma presently to be alluded to, which would furnish the exudation with corpuscular rather than coagulable lymph, explains in my opinion the source of the caseous matter of crude tubercles, which Niemeyer seems to have attributed to a different process. Then my opinion is, that after the tubercular exudation, or the exudation of the "*sui generis*" specific poison, that gray tubercle is the initial lesion of tuberculosis just as chancre is the initial lesion of syphilis.

(To be continued.)

Reviews and Book Notices.

NOTES ON BOOKS.

"Woman as a Physician," by Dr. J. P. CHESNEY, New Market, Mo., is a succinct and timely defense of the propriety of women practicing medicine if they see fit. Whether practically they ever will, in any important numbers, thus make a living we doubt, but certainly Dr. Chesney shows there is nothing *improper* in their attempting to do so.

Among recent foreign medical publications we note the following: Jos. BAWN, History of Vene section (*Geschicter der Aderlässe*), a prize essay, published in Munich.

MEDICAL AND SURGICAL REPORTER.

PHILADELPHIA, APRIL 8, 1871.

S. W. BUTLER, M. D., D. G. BRINTON, M. D., Editors.

☞ Medical Society and Clinical Reports, Notes and Observations, Foreign and Domestic Correspondence, News, etc., etc., of general medical interest, are respectfully solicited.

Articles of special importance, such especially as require original experimental research, analysis, or observation, will be liberally paid for.

☞ To insure publication, articles must be *practical, brief* as possible to do justice to the subject, and *carefully prepared*, so as to require little revision.

We particularly value the practical experience of country practitioners, many of whom possess a fund of information that rightfully belongs to the profession.

The Proprietor and Editors disclaim all responsibility for statements made over the names of correspondents.

INEBRIETY vs. INSANITY.

The "Tenth Annual Report of the Alabama Insane Hospital" by P. BRYCE, M. D., the Superintendent, discusses the subject of the treatment of inebriates, and the important question is asked, "are inebriates insane?" Distinguished authorities are quoted to prove the affirmative of this inquiry, and according to the author of this report, all these authorities concur in the opinion that inebriety is insanity, and taking their standard as the basis, Dr. Bryce proceeds to argue in favor of a "Reformatory for Inebriates" to be under the "jurisdiction of the courts." The scheme contemplates bringing the "facts before the grand jury, and upon the finding of a true bill, the case should be duly investigated by a jury," etc. The "allegations being proved," the inebriate should be committed for a term of not less than two, nor more than five years to the reformatory, and supported there at the expense of the State." The treatment recommended is compulsory labor. "Voluntary inebriates" should be received on "certificate of a Justice of the Peace that the applicant is a volunteer, and that the term of treatment has been determined by two intelligent physicians." These are the chief points to be observed in the "outline of a reformatory for inebriates." Dr. Bryce then asserts that "Inebriate Asylums upon the voluntary system alone, when the time of treatment is restricted to one year, however grand, imposing and complete their appointments, must necessarily, from the very nature of the disease which they profess to treat, prove failures in the end." Let us inquire:

If inebriates are insane, why not treat them in insane asylums? Why treat monomania as a disease with reference to its cure, and methomania as a crime to be reformed? Why admit the former to an asylum without indictment by Grand Jury, and compel the inebriate to submit to arraingment and trial before the same tribunal with thieves and murderers? Why compel "voluntary inebriates" to procure a certificate by a Justice as evidence that they are volunteers? Why leave the question of the length of residence of such volunteers in Reformatory to "two intelligent physicians," who do not propose to conduct the treatment, instead of to the Medical Superintendent of the institution receiving the inebriate?

But now for the results of institutions which are conducted on the voluntary system. We quote from the proceedings of the American Association for the cure of inebriates:

Washingtonian Home, Boston.—"More than thirteen years of experience, and the treatment of nearly three thousand five hundred patients have clearly demonstrated that under favorable circumstances even the worst cases of intemperance can be cured." * * "As soon as physical health is sufficiently restored, we allow to every one all the freedom he can reasonably look for in any well regulated family. Each one can come and go at his own option, and dispose of his time, while in the institution, to suit his own taste. We put every man upon his honor, and we find by long experience that such a guarantee insures a better discipline, a more correct behavior than any code of laws, or long list of imposing regulations can possibly enforce." —W. C. Laurence, Superintendent.

The Washingtonian Home is in the City of Boston, the average length of term does not reach three months, and the percentage of cures is larger than in insane asylums.

Inebriates Home, of Kings County, New York.—"Imprisonment for drunkenness is an outrage on civilization." * * "The home is conducted without written rules, and though the class of persons received there are, many of them, taken from prisons and police stations, and some of them belong to what is known as the dangerous classes, there is no difficulty in controlling them without bars or locks." * * "Fully one-third of the cases treated recover," and the average continu-

ance less than six months.—Rev. J. Willet, Superintendent.

Washingtonian Home, Chicago.—"If our asylums are made to partake much of the nature of the family, they will be more powerful for good." * * "But as a moral and social element of reform, cleanliness, punctuality and gentility, are very potent."—Dr. P. J. Wardner, Superintendent.

Pennsylvania Sanitarium, Media, Pa.—"Imposing public edifices, with surrounding walls, and guarded gates, for the purpose of separating their inmates from the heart of the community, may be well enough for convicts or maniacs, but for men of feeble will, or perverted tastes, or depraved appetites, or exhausted energies, or depressed spirits, such imposing structures are needless." * * "Their separation should be as little like separation as circumstances will permit, and therefore the buildings which they are to occupy should be as much like their homes, or homes which men are ambitious to possess and enjoy, as possible."—Joseph Parrish, M. D., Physician.

The Sanitarium is at Media, near Philadelphia, and about forty per cent. of cases recover. The average length of residence is one hundred days.

Other authorities might be cited to prove the value and success of institutes on the voluntary principle. The experience of insane asylums in the treatment of inebriates is not encouraging, as but few of them recover, and the reason probably is, that they are subjected to unsuitable restraints and surroundings. The testimony of the American Association for the cure of inebriates is conclusive and authoritative, and should be so accepted.

News and Miscellany.

The "Double Amputation" Case Again.

We have been requested to publish the following statements and certificates in the "Double Amputation" case. With this publication we cease all reference to the case. Our columns have been opened to both parties, and our readers must form their own opinions after having read both sides of the story.

Certificates.

MAHANOY CITY, Nov. 21, 1870.

This certifies that I was present at the operation on Mr. Ryce Griffith's limbs on the 22d of November, 1869. Dr. SWAYZE conducted the entire operation. I was chosen by Dr. Swayze to attend to the ether. During the remainder of the operation, to the best of my knowledge, Idris Davies was a spectator, except that he occasionally felt the patient's pulse.

EDW. LATHAM.

MAHANOY CITY, PA., Dec. 23, 1870.

This is to certify that IDRIS DAVIES told me soon after the double amputation, in the case of Ryce Griffith, that Dr. SWAYZE performed the operation, and also that Dr. Swayze was a fine and cool operator.

JOHN F. HEMPERLY.

Statement of Physicians.

[Being, with one exception, members of the Schuylkill County Medical Society.]

MAHANOY CITY, Pa., Dec. 30, 1870.

We, the undersigned physicians of Mahanoy City and vicinity, being acquainted with both Dr. Geo. B. H. Swayze and Idris Davies, unqualifiedly condemn the recent act of Idris Davies in attempting to defraud Dr. Swayze of the credit of the successful double amputation performed by said Dr. Swayze in the case of Ryce Griffith on the 22d of November, 1869.

We further state that we consider said Idris Davies an irregular practitioner, and have no professional intercourse with him whatever.

L. M. THOMPSON, M. D.
GEO. F. BRENDLE, M. D.
G. L. REAGAN, M. D.
P. HARMANY, M. D.
G. M. MILLER, M. D.
P. H. SHULTZ, M. D.
E. K. WEBER, M. D.
PHILIP WEBER, M. D.

Delegates.

At the late meeting of the Virginia Medical Society, Drs. BROWN, of Abingdon, and HORNER, of Fauquier county, were appointed delegates to the next meeting of the American Medical Association.

Medical Society of East Tennessee.

This Association was revived at a meeting held at Knoxville, February 2, 1871.

President—Dr. F. K. Bailey.

Vice Presidents—Drs. Jas. Rodgers and I. M. Boyd.

Recording Secretary—Dr. R. M. Rhea.

Corresponding Secretary—Dr. S. D. Moses.

Treasurer—Dr. S. M. Burnett.

——Two or three drops of the Prussian tincture on a lump of sugar, given three times a day, will usually relieve constipation.

L. A. SAYRE, M. D.

THE
MEDICAL AND SURGICAL REPORTER.

No. 737.] PHILADELPHIA, APRIL 15, 1871. [Vol. XXIV.—No. 15

Original Department.

Our Clinical Teachers.

I.

LEWIS A. SAYRE, M. D.

With the present number of The Reporter commences a series of brief notices of the prominent clinical teachers of America. These sketches are intended more as introductions than biographies. General illustrated literature is not more universal than is its ignoring of living and illustrious medical men. We propose, therefore, to illumine our pages with the faces of some of these noble workers, who, almost self-ostracized from social life, are visible only in the shadowy rooms of the sick or the limited area of the lecture-room.

An active, earnest, and popular clinical teacher is the subject of our initial paragraphs: Lewis A. Sayre, M. D., Professor of Orthopædic Surgery in the Bellevue Medical College, and Surgeon to Bellevue and Charity Hospitals, New York.

Dr. Sayre, like most men of note, is self-made. His practice commenced in that mysterious maze of alleys and tenants, known only to a large city. Persistent, manly endeavor has possessed him of one of the most lucrative practices in the country.

To a commanding presence Dr. Sayre adds a manner of speech that is plain, forcible and attractive. While being eminently practical in his clinical teaching, he abounds in illustration and comparison, which, like the well-drawn chart to the strange traveler, enables him to impress the points and clear up the angles and crossings of his discourse. He adds mechanical genius to operative skill, has the power of winning the confidence of his patients, and is a decided favorite with his classes.

Dr. Sayre's hearty, spontaneous and generous nature has not prevented his professional life from being characterized by fearlessness and determination. The "Ruppaner case," and the "alleged malpractice suit of Walshe *vs.* Sayre," illustrates these qualities. In the latter case, using the words of Professor Gross, "Dr. Sayre achieved a great triumph, in which every honorable professional man in the country rejoiced."

Dr. Sayre is yet in the prime of life, with every promise of many years continuance of his great professional usefulness.

Communications.

PUERPERAL CONVULSIONS.

By G. N. Duzan, M. D.,
Of Zionsville, Indiana.

While the phenomena of puerperal convulsions point unmistakably to the cerebro-spinal centers as the anatomical seat of morbid action, the etiology and pathology of the disease are not clearly demonstrated. Hence the diversity of opinion existing concerning its essential nature.

Some writers, eminent as authorities, maintain that there is a specific *materies morbi* circulating through the organism, morbidly impressing the nervous system, and thus exciting the phenomena peculiar to puerperal eclampsia.

Braun has declared that the convulsions caused by uremic intoxication in acute Bright's disease, and puerperal convulsions, are identical. Other writers, equally respectable as authorities, claim that the disease is caused by deranged innervation of the nervous centers, from the disturbing influences of the gravid uterus upon the circulatory and assimilative organs.

CAZEAUX entertains the notion that albuminuria is the predisposing cause of the disease, by begetting a peculiar excitability of the cerebro-spinal centers. This notion is deduced from the fact that albumen is almost invariably discoverable in the urine of eclamptic women.

While retention of urea in the blood and excessive loss of albumen may beget a morbid excitability of the cerebro-spinal centers, yet this fact can not be accepted as conclusive evidence in establishing an intimate relation of causality between Bright's disease and puerperal convulsions.

In all cases of acute Bright's disease albumen is discoverable in the urine, yet there may not be any eclamptic phenomena. Urea has been injected into the blood and proved to be wholly innocuous; no symptoms of convulsions followed its introduction into the circulation. During puerperal convulsions the functions of the cerebrum and tubercula quadragemina are suspended, while the functions of the cerebellum, medulla oblongata, and spinal cord are greatly intensified. Could a specific poison circulating through the organism impress the several parts of the nervous system so dissimilarly as to abolish the functions of one part and violently increase the functions of another?

The phenomena of puerperal convulsions seem to observe a regular order of succession. The cerebrum and tubercular quadragemina are first quelled into temporary death or oblivion, after which the cerebellum, medulla oblongata and spinal cord are successively affected, becoming the seats of intense, though irregular, evolution of power. This contrasted condition of the various parts of the nervous system and the regular order of succession in which they become affected, constitute a notable peculiarity of the disease, in the investigation of which we will probably find a solution of the etiological question.

That the manifestation of the vital properties of an organ is proportionate to its supply of arterial blood is a physiological verity. That venous hyperæmia of an organ is incompatible with the manifestation of its vital properties, is also a physiological truth. These facts will, perhaps, enable us to comprehend the etiology of the disease under consideration.

The suspended function of intellection and loss of vision are the effects of *venous* hyperæmia of the cerebrum and tubercular quadragemina, while the intense though irregular evolution of power exhibited by other parts of the nervous system is the effect of arterial hyperæmia of cerebellum, medulla oblongata and spinal cord.

During the convulsion there is interruption of the respiratory function, the oxygenation of the blood ceases, the whole sanguine mass becomes carbonated, the cerebellum, medulla oblongata and spinal cord then fail to innervate the muscles connectively, because of the deoxidation of the sanguine mass and conversion of arterial into venous blood. After convulsive action ceases, the lungs resume their function of eliminating carbonic acid and oxygenating the blood, and for a time the brain and spinal cord awaken to a renewal of intellectual and organic functions.

The curious and notable fact of the cerebrum and tubercula quadragemina being in a state of venous hyperæmia while the cerebellum, medulla oblongata and spinal cord are in a state of arterial hyperæmia, demands an interpretation not hitherto expressed.

Anæmia of the heart from excessive loss of albumen, affecting particularly the right side, will cause a congested state of its cavities, and an accumulation of blood in the cerebral veins, —or venous hyperæmia of the cerebrum. The mechanical influence of the gravid uterus, by thrusting the intestines upward, and compressing the abdominal vessels and checking the descent of arterial blood, will cause a determination of arterial blood to brain and spinal cord.

The anæmic and overloaded condition of the right side of the heart interrupts the return of venous blood from the cerebral vessels while the upward arterial current is arrested in the medulla oblongata and cerebellum by the distended condition of cerebral veins and tortuous course and obtuse angled bifurcations of the arteries of the base of the brain.

The checking of the upward arterial current at base of brain causes arterial hyperæmia of the cerebellum, medulla oblongata and spinal cord and that increase of their vital properties which characterizes puerperal convulsions.

If the foregoing views respecting the etiology and pathology of the disease be true, the treatment is clearly indicated. The overloaded right auricle and ventricle should be relieved by taking blood from the arm, after which the cerebrum will resume its function of intel-

lection, if effusion has not occurred. The contents of the gravid uterus should be expelled as speedily as possible, and thereby relieve the compressed abdominal vessels, thus removing the cause of determination of arterial blood to the brain and spinal cord.

Digitalis, by diminishing the frequency of the heart's action and giving tone to cerebral vessels, will have an admirable effect in preventing effusion and reëstablishing the cerebral circulation. The hydrate of chloral, by contracting the cerebral vessels, and thus controling the hyperæmia, will doubtless prove an efficient agent in the future treatment of puerperal eclampsia.

NOTES OF PRACTICE.

By H. L. W. Burritt, M. D.

FOREIGN BODY IN THE BLADDER.

Mr. R——, æt. 56, had been in the habit, for years, of using a gum catheter for the relief of a spasmodic stricture, and the instrument last used, No. 4, had become so weakened that in attempting to withdraw it, it broke leaving three inches in the bladder. Great pain and irritation followed, aggravated by extreme anxiety and nervousness. I drew off the urine, passing without difficulty a No. 8 catheter, and gave relief by small doses of morphine. A suitable instrument not being at hand, and having to wait for the manufacture of one in New York, I tried, using the largest instrument—(bougie), No. 12—I had, and directed the patient to retain the water for as long a period as possible, and to bend forward at an angle of 45° when urinating, hoping the point of the broken catheter might turn and be engaged in the urethra. To my surprise, and the delight of my patient, while passing urine (after four hours' retention), the point was felt in the urethra, and the broken piece extracted, with little effort, on the second day after the accident, and after using the bougie the fourth time. One peculiarity of the case was, the use, on a second trial, without pain or difficulty, of so large sized an instrument in a spasmodic stricture, as this evidently was. All the instruments I have seen are too clumsy and complicated for extraction of foreign bodies from the bladder. Would not forceps, nearly straight, of the size of No. 10 catheter, perfectly smooth when closed, answer?

SCARLATINA.

Case 1.—C. T., girl of ten; light complexion and delicate health. Father says he hung his coat on the same nail with a fellow workman, whose children had the disease, and took his daughter in his arms on coming home at night, and thinks he gave her the complaint in that way—the only possible exposure. Saw her on first day of the eruption, which was apparently light; pulse, 120; tenderness in the throat; child sitting up. Ordered bi. tart. potass. ℥j to a glass of lemonade; tablespoonful every three hours, until the bowels had moved once freely; cold ice water for drink, and applied on a light cloth to the neck. Second day—Intense heat and redness of the skin; pulse, 169; light delirium; bowels not moved; treatment continued; room ordered to be kept cool. Third day—About the same. Bowels moved once; urine free; delirium continued; same treatment. Fourth day—Pulse, 160; delirium and extreme restlessness; throat and submaxillary glands swollen and swallowing painful. The application of ice water was so violently resisted that it had to be left off, and the following was substituted *daily*: Ext. belladonna, ext. aconite chloroform, tinct. opii, a. a. ℥ss; iodid. potass ʒij.—M. This seemed to quiet the restlessness very much; other treatment continued; light mutton broth and milk principal diet. Fifth day—Eruption fading; pulse, 150; less delirium; bowels moved once in 48 hours; urine free with deposit; glands all badly swollen around the throat; the whole body bathed (as it had been daily) with a weak solution of cool saleratus water. The case went on to a very slow but satisfactory recovery. The liniment seemed to relieve all the throat difficulty, and no sequelae of nasal or aural abscesses.

Case 2.—Three cases in the same family; all very severe. One of the three, of light complexion, a delicate girl of seven years, broke out at 9 A. M., with light rash and accompanied by vomiting and purging; feet cool; stupes of capsicum to the lower extremities and ice water to the neck and head were applied; 12 M.—child in a violent delirium, evidently a hopeless case; weak milk punch given; warm bath to the feet and ice over the whole cranium; pulse small, 160; feet and lower limbs became warm after some time, but no impression was made; death in 24 hours after the child was walking around the room. Now what could cold effusion or any treat-

ment do in a case like this? It may be unjust, but it seems to us that those who talk of seeing forty or fifty cases of this disease and *no mortality*, must live in a section favored by mild types of the disease, or call cases like mine meningitis, etc., and so *lose no patients* with scarlatina. Not that I would depreciate the cold treatment, for I use ice in every bad case of croup, or of malignant sore throat (alias diphtheria) and consider it one of the specifics, but I do lose some of my patients, I am sorry to say, even then.

CHLOROFORM.

Reading, in THE REPORTER of Dec. 10, the case of Dr. DAWSON, at the Cincinnati Hospital, and the discussion thereon, leads me again to recommend the use of alcoholic stimulants, in all cases where chloroform is administered, as the best preparative agent for safety, far better than food, as less objectionable to vomiting, and giving to rallying nerve force a stand-point resistance. I have used this precaution in thousands of cases, and never yet have read of a fatal case where it was tried, and *challenge* the production of one where death was *immediate* following its use. This course is certainly indicated where it is judged best to operate without waiting for decided reaction, in extensive mutilations from severe injuries. I see, by reported cases, its use is common in some localities, and hope it may become universal and remove the objection to the use of this indispensable anæsthetic.

TETANUS.

In THE REPORTER of Oct. 29 I notice Dr. VANDERPOEL criticises my case of tetanus, and mistakes the courtesy of free discussion by claiming the failure of strychnia to cure as a mistake of dose and a want of courage in the physician. The dose—$\frac{1}{8}$ gr.—I have (with many others) often given *three* and *four* times in 24 hours, without injury, and repeatedly taken myself, without being especially "*terrified*," and I "*ended the experiment*" in my case, or it would have *ended* the patient. Tetanus, I fear, in all typical cases occurring before or on the eight day from the injury, will continue to be a fatal disease for some time yet, in spite of the specifics of strychnine, and lobelia, etc. Dr. Vanderpoel's cases were very interesting and instructive, and deserving of our thanks. "*Invariably successful*" is a strong term for any new remedy in this disease, and I beg leave to hold a contrary opinion.

HOSPITAL REPORTS.

UNIVERSITY OF PENNSYLVANIA.

Clinic of Prof. D. HAYES AGNEW, M. D.

February 4, 1871.

[REPORTED BY DE F. WILLARD, M. D.]

Luxations of the Humerus.

GENTLEMEN—We have present this morning several cases of dislocation of the shoulder-joint, which I trust I shall be able to restore before you, to their proper and normal positions.

The first is this colored woman, who says that she received a fall some four days since, and that she has been unable to use her left arm since that accident.

Upon examination we find that her elbow stands off from the side of her thorax, and that it cannot be brought in apposition without causing pain; that there is also a large prominence in the axilla, and that a depression exists beneath the acromian process of the scapula to such an extent that the fingers can be hooked beneath it, the normal rotundity of the shoulder being thereby diminished, and the deltoid muscle, which covers the joint in front, behind and upon the external side (arising, as it does, from the outer third of the clavicle, from the acromian, and from the whole length of the lower border of the spine of the scapula, and passing down to be inserted to the middle of the outer side of the humerus,) is very markedly flattened.

Our diagnosis could not be otherwise than that of dislocation, especially when we also add the readily perceived symptoms of lengthening of the limb, loss of power, and inability to place the hand upon the sound shoulder while the elbow is held against the breast.

This, then, is a luxation of the head of the humerus into the axilla, which is the most common position assumed when it leaves the glenoid cavity, and is known as the axillary dislocation. The other varieties are the thoracic or sub-clavicular, where the head of the bone is found resting upon the second and third ribs to the sternal side of the coracoid process, beneath the great pectoral muscle; and the scapular posterior, where the head rests upon the dorsum of the scapula.

Now let us study this axillary dislocation from a mechanical point of view. This head has been forced from its position by some violence, and is in an uncomfortable position, from which it would be glad to escape did not some obstacle prevent. Let us then remove the obstacle, and the bone will itself seek its normal resting place. If then we recall our anatomy we will remember that this glenoid fossa has an elevated rim, and that when the bone left this cup it slipped over this ridge and was

then spasmodically drawn up against the lower surface of neck of the scapula by the action of the supra spinatus muscle. You will remember this muscle as arising from the supra-spinous fossa, and running across the top of the joint to be inserted into the great tuberosity, and you will immediately recognize the fact that its fibres must be put greatly upon the stretch by such an accident, as are also those of the deltoid, though not to such an extent. The latissimus dorsi and pectoralis major would be relaxed.

Now, as I have said, this is to be regarded as a mechanical affair, and at once we see that this spasmodic contraction must be counteracted and the head relieved from its locked position against the rim by being brought clear of the lower edge of the cavity in a manner which I shall presently show you. When this is done, you can readily see that it will assume its original position by the simple contraction of the muscles; and now you can understand the benefit of anatomy, since, without a comprehension of the exact difficulty, all your force might be expended in the wrong direction, and you might fail, while a good anatomist would apply both his common and acquired sense and succeed.

When the humerus is dislocated forward underneath the pectoral muscle and below the clavicle, this supra-spinatus and deltoid are also put upon the stretch, and the infra-spinatus even more so, while the pect. major is relaxed. Remember, then, these muscles also, and consider that the extended ones are those whose resistance is to be overcome.

In the scapular form, where the head forms a tumor upon the inferior fossa of this bone, the subscapularis, the supra-spinatus and the teres and pectoralis major will be put upon the stretch, while the deltoid and infra-spinatus will be relaxed.

In the second variety the symptoms will be the same as those of an axillary dislocation, except that the limb will be shortened instead of lengthened, which is also true of the posterior luxation, in which latter, however, the elbow is found in a decidedly different position, being thrown forward and against the chest.

It is but seldom that you will meet with any form except the axillary, yet an occasional case will occur.

All varieties are usually occasioned by violence inflicted either upon the shoulder, or through the intervention of the upper extremities as in falls upon the hands, the cases resulting from spasmodic contraction of the muscles, or from preternatural relaxation of the ligaments being exceedingly rare. When we consider the shallowness of the glenoid cup, even when deepened by its ligament, it is a matter of surprise that this accident is not of more frequent occurrence, and such would be the case were it not for the moveability of the scapula and the strength imparted to the joint by the surrounding muscles. There is the deltoid, the sub scapularis the two teres, the infra spinatus, and the coraco brachialis superficially, while beneath, and more directly connected with the articulation, are the long head of the biceps, as it runs from its origin at the upper edge of the fossa to be inserted into the tubercle of the radius; and the supra-spinatus running from the supra-spinous fossa to the greater tuberosity of the humerus. All these, of course, add greatly to the support, especially when they are tense and contracted, and it is quite probable that a majority of the cases of displacement occur while these muscles are off their guard.

The diagnosis should not be difficult when the symptoms which I have enumerated are present; yet you will sometimes find yourselves puzzled, and mistakes are constantly occurring, especially when a blow has temporarily paralyized the deltoid, thereby causing flatness of the shoulder; yet in such cases there is no tumor in the axilla, and the arm is of normal length. The greatest difficulty will occur when there is a coexisting fracture; but here, as in all doubtful cases, ether will usually enable you to settle the question; and here let me reiterate, as I have so often done before, that in *every* case of doubt, whether of fracture or dislocation in any part of the body, an anæsthetic should *always* be given.

Complete anæsthesia is the most convenient method of producing that entire muscular relaxation which is invaluable in the reduction of a dislocation, and while the patient is being etherized I will speak of the means employed for such reduction.

In the first place, ether; then, remembrance of the anatomical facts to which I have called your attention, since it is only by overcoming the spasmodic contraction of these extended muscles that you can succeed—and thirdly, reason and judgment.

All dislocations of the head of the humerus are eventually treated alike, since all can be readily converted into the axillary variety, by the manipulation of raising the elbow and carrying it slightly backward, the capsular ligament being always freely lacerated. This accomplished, it can be brought into its normal cup either by the method (the one I usually prefer) of elevating the arm along side the head, and making extension upon it while support is given to the acromian by the heel or hand of the surgeon, the head being thus drawn directly upward into the cavity; or by the more common one of placing the heel in the axilla as a fulcrum, while extension is made upon the arm until the head has cleared the rim of the fossa, when it is thrown into position by carrying the arm across the patient's chest.

The same principle as in the latter is involved when the patient is made to sit and the knee placed in the axilla, or where he is suspended over a door as was formerly sometimes practiced.

As I have said, we have usually but to relax the stretched muscles when the bone will be itself drawn into position, and it was acting upon this fact that SMITH introduced his method of rotation and elevation, since the supra and infra spinati were the ones principally at fault. This consists of elevation of the elbow along side the head, thus relaxing the supra spinatus, carrying the hand outward to produce rotation and thus relaxation of the infra spinatus, then bringing the elbow down while this rotation is maintained, and lastly "leverage and elevation of the head of the bone into the glenoid cavity by carrying the arm over the chest and, at the same time, reversing the rotation."

By some of these methods you will seldom fail if the displacement be recent, but in old cases much trouble may arise. Whenever a luxation is reduced it should be confined in position for a few days by a bandage, after which the joint should be rubbed with some stimulating liniment for several weeks.

[The woman being thoroughly etherized, the arm was carried up almost in a line with the side of the body, and then rotated outwardly, thus relaxing both supra and infra spinati, where the acromian being fixed by the foot of the operator, a slight pull was sufficient to slip the head to its normal position with a marked click. A Velpeau bandage was applied and no further difficulty experienced.—DE F. W.]

CASE II.—M. C., æt. 60. This is a case of injury inflicted eleven weeks since, and is, therefore, one of those clinical cases which are most difficult of reduction. He presents all the symptoms which I have enumerated as characteristic, and has also tingling in his fingers from pressure of the head of the bone upon the axillary nerves, and also œdema from interference of circulation in the corresponding veins.

Now, here we may expect much more trouble than in the former case, since not only has there been time for repair of the rent in the capsular ligament, but adhesions may also have so thoroughly bound the head of the bone to the under face of the neck of the scapula that a new socket may be partially formed, while there will undoubtedly be such an amount of deposit about the axilla as to render severe manipulation dangerous to the safety of the axillary artery or vein. Such adhesions should first be thoroughly broken up by rotation previous to any attempt at reduction, but it must be done with great care, and no extreme force should ever be applied, since irreparable injury may result. Great patience will be required, and every method must be tried, until at last the right one shall be found. Traction should always be slow, steady and persistent, since such a power is much more effectual than a fitful, jerking pull.

I now gently move the arm in every direction, and you can hear the adhesions giving way; and as all are now loosened, I will try the same method which was employed in the preceding case, *i. e.*, pulling the head directly upward into its position. [Attempt here made.] I have failed to restore it, although I have used as much force as is prudent; but there are numerous other methods yet to be employed. I will next try the old method of placing the heel in the axilla as a fulcrum, but this is also as unsuccessful as the first; though the patient is thoroughly relaxed I will now again loosen all the adhesions, and try the manipulation method as described a few moments since, but this also fails.

I try them all again—and also all the other proposed methods—and yet the head of the bone is still in the axilla. Now you will say, "cannot you apply more force?" Certainly I can, and I can also lacerate that axillary artery at the same time, as has been done upon several occasions. Force must be used with discretion. I could apply enough to tear the man's arm from his body, but we are not anxious to study his pathology just at present. The pulleys were formerly often used, and are sometimes of benefit; but they require caution, and I think we shall yet succeed without them.

Let us look at this matter without following any special rules—study it as I have told you. The head must be drawn out of the axilla, and it must be brought outward to the glenoid fossa. The first indication I will fulfill by attaching a fillet to the arm above the elbow and giving it to two assistants, who shall pull in a direction outward and downward at about an angle of 50° from the body, while the scapula will be held in position by a sheet which shall be passed around the body and carried to the opposite side by two more assistants. Another will steady the acromian, while I will fulfill the second condition by placing a towel in the arm-pit in such a manner that I can draw directly upon the head of this bone when the proper moment arrives, which will be when the head has cleared the rim of the cavity; and now I can feel that it has done so, and while I thus pull the head outwardly the assistants will carry the arm across the chest, being careful to continue the traction until such a position is fully reached, when they will loosen their hold; and, as you plainly see, our object is accomplished, the head is in the glenoid cavity, the tumor has disappeared from the axilla, and the normal rotundity of the shoulder is restored. The patient will be put to bed and a retaining bandage applied.

You will see that considerable force was used, yet you doubtless also noticed that my left hand was constantly in the axilla to regulate and guard against undue efforts. But suppose we had failed this time also? Then we would have used the pulleys carefully, and at last even a Jarvis' adjustor, which is a most powerful instrument, but which will also even fail in some few cases. Of course all proper means should be employed, since the use-

fulness of the member would be greatly impaired should it remain in this abnormal position; still, rather than inflict violence upon the artery I would desist, especially in an elderly person, and try to gain as much motion as possible in the new socket which would be formed.

CASE III—Is a man 45 years of age, who says that he received a "bruise" upon his shoulder some four or five weeks since, and that he has since been treated by liniments and electricity for loss of power in the right arm, no dislocation having been diagnosed, yet when I place my hand upon this shoulder I am sure that such an accident has occurred, although the symptoms are not as marked as in other cases, still, when he is fully etherized, they will be more apparent.

[The deformity was easily removed by the same method as that employed in the first case; but as soon as released it immediately slipped out again into the axilla, through the rent in the capsular ligament, when it was again restored and confined by a bandage, so that no repetition might occur.—DEF. W.]

MEDICAL SOCIETIES.

CINCINNATI ACADEMY OF MEDICINE.

February 28, 1871.

BY C. H. BUCKNER, M. D.

[REPORTED BY J. W. HADLOCK, M. D.]

Foreign Bodies in the Larynx.

Mrs. G., of Ky., came under the treatment of Dr. TALIAFERRO and myself, last November. History—"Age fifty-five, married twice, and had borne four children; menstruation ceased at fifty-three. Has never enjoyed very good health. About four years ago a slight cough, which she had had for several years, became suddenly very severe, coming on spasmodically and continuing until she was completely exhausted. Anodynes gave some temporary relief, but the cough was the same when the effect of the medicine passed off. After a time her kidneys were affected, and she suffered great pains in the back and loins. There was frequent desire to micturate, and blood and mucus passed with the urine.

Under the treatmment of her physician the severity of these symptoms was relieved. The cough still continued, although the paroxysms were not so frequent; she again grew worse and concluded to visit this city for advice. When she first came under our treatment her condition was truly deplorable. The severe paroxysms of cough came on three or four times day, but her greatest distress was incontinence of urine. She said that for a few months prior to her visit to us "the flow of urine took place at every coughing spell," but now it dribbled constantly, keeping her perfectly miserable. She had been considerably reduced in flesh by her sickness, but still was not emaciated.

The urine presented the appearance of being mixed with milk and blood. After standing a while, a thick, whitish deposit, constituting about one-third the whole mass, took place. This deposit proved upon examination to consist largely of the urates and phosphates, and apparently a small quantity of blood and mucus. Reaction normal, sp. g. 1030.

Upon attempting to explore the bladder, Dr. Taliaferro discovered a stricture situated at the opening of the urethra, and another at the neck of the bladder. It was only after several efforts that he succeeded in introducing a small-sized sound. Mrs. G. thought her "kidney trouble," as she termed it, was the result of the severe cough, and if her supposition was not entirely correct, it was undoubtedly true that her urinary difficulty was much aggravated by the cough. Auscultation did not reveal to us any tubercles in the lungs, and the spasmodic character of the cough led us to conclude that it was asthmatic. Our patient was placed upon a stimulating and anodyne expectorant for her cough, and the *stricture* was gradually dilated.

A few days afterward, during a severe paroxysm of coughing, she felt something in the mouth which she supposed came from the wind-pipe; this was saved and exhibited to us at our next visit. A small portion of this substance we here present to you for inspection under the microscope. Drs. Taliaferro and Carson have both made a microscopical examination, and pronounced it to be of vegetable origin. After expelling this substance, Mrs. G. still had a slight cough, but its violence and paroxysmal character were entirely gone, and she expressed herself as feeling almost well. The stricture was now rapidly cured, and when she left for home she could retain her water for several hours, although there was still an occasional dribbling, which compelled her to wear the urinal as directed by us.

Mrs. G. was unable to recollect when she inhaled the foreign body, but thought it might have occurred while renovating a straw bed, and its appearance when first removed indicated that it might have been the beard or capsule from some of the small grain.

This case is an illustration of the difficulty in making a correct diagnosis in similar cases.

Before the invention of the laryngoscope, the stethoscope was the only instrument used in physical explorations, to determine the presence of foreign bodies in the larynx and trachea; but this in numerous instances gave no information.

The laryngoscope, however, has been to the phy-

sician as important and valuable an aid in diagnosing obscure diseases of the air passages as the ophthalmoscope has in revealing deep seated affections of the eye.

Several cases are recorded of foreign bodies in the larynx and trachea, the presence of which was unknown to the patient and was not suspected by the physician until some accident, or an effort of nature, expelled the offending substance from the wind pipe. On page 403, vol. I, of the London *Lancet* for 1829 is mentioned the case of a boy admitted into the Samaritan hospital who was suffering with croupy cough. After an emetic of ipecacuanha wine he vomited up a cherry stone, and the cough was at once relieved.

An interesting case is given in the *Medico-Chirurgical Review*, vol. XXVIII, taken from Porter's work on the surgical pathology of the larynx and trachea. "Mr. Porter was requested to examine the body of a child who was supposed to have died from being thrown from a gig, and from one of the wheels having passed over the chest; she had so far recovered from the accident that she walked home without assistance, although from the moment of the accident her cough had been croupy; these symptoms continued for 38 hours, when she expired in a paroxysm of convulsive cough; on dissection the thorax and its contents were found uninjured, but on opening the larynx there was discovered part of an almond shell, its rough and broken edge entangled in the rima-glottidis, and placed in such a manner that it effectually closed up the aperture for the transmission of air." The presence of any foreign body in the windpipe was not suspected in these cases, and their history very naturally suggests the conclusion that many cases of sudden and fatal croup *as supposed*, were due to the presence of a foreign body in the larynx or trachea.

In the ordinary acts of deglutition the epiglottis is a faithful sentinel, effectually protecting the air passage, but any emotion, as surprise, anger or fear, causing a sudden inspiration, will be likely to draw into the windpipe any foreign body which may be within the current of air; but small particles of dust and other light substances floating in the air may pass into the larynx during ordinary inspiration while talking. The experiments of MAGENDIE upon inferior animals, from which he had removed the epiglottis, have seemed to indicate that this process was not absolutely necessary to protect the air passage in deglutition in these animals.

BARON LARREY, in his *Memoirs of Military Surgery*, mentions the case of a soldier who was wounded at Aboukir, in Egypt, 1807: "The ball entered at the angle of the jaw, passed obliquely across the throat and out at the opposide side of the neck. The base of the tongue was split and the epiglottis was cut off, spit from the mouth and showed to the surgeon who came to his assistance. When he first attempted to swallow, he was seized with a convulsive cough attended with vomiting.

Larrey succeeded in introducing an œsophageal tube by which the man was nourished until the wound healed, after which he was able to swallow properly prepared food without the œsophageal tube. This case is reported in Prof. FLINT'S work upon physiology, and the accident is reported to have occurred to Gen. MURAT, but this is evidently a mistake, as Larrey mentions the case as being without precedent. He also reports in the same chapter the case of Gen. Murat, who received in the same battle a somewhat similar wound, but does not mention the removal of the epiglottis in *his* case. The ball entered at the angle of the jaw, penetrated into the mouth, removing a portion of the masseter muscle, and going obliquely backward and downward, it probably injured the ninth pair of nerves. Deglutition became very difficult, and the voice hoarse and interrupted.

I take occasion to mention these two cases in order that a slight mistake in history may be corrected. Larrey's case, and other cases as reported by Profs. DALTON and FLINT, indicate that although the epiglottis is essential, it is not absolutely necessary to prevent the passage of foreign substances into the larynx.

Some of the conclusions arrived at by Dr. KRISHABER in the study of deglutition by t auto-laryngoscopy, as presented in a note to the French Academy of Science, in July, 1865, are: "In gargling, the larynx being widely open, a large quantity of fluid finds its way into the vocal organ." "An alimentary bolus may be tolerated in the larynx as far as the vocal cords, and *even in the interior of the trachea.*" "The sensibility of the trachea to the impression of foreign bodies is infinitely less than that of the larynx."

Hard and cold bodies, as for example, a sound, is not tolerated in the respiratory passages; while any soft body which can adhere to the mucous membrane, and has a temperature like that of the parts touched, is easily tolerated in the respiratory passages, and kept in the trachea many minutes without producing the slightest cough.* Prof. Flint very truly remarks that these conclusions are opposed to common experience.

If, however, a foreign body be fairly lodged in one of the laryngeal ventricles, it has been known to remain there for many years without much inconvenience. The same may be said when it is fixed low down in the trachea, or in one of the bronchi;† but even in such instances the life of the patient is in great danger. If inflammation

*Flint's Physiology.

†Porter.

does not ensue, the foreign body may be displaced at any moment, and by my moving up and down the wind-pipe, or by passing into the lungs, produce convulsive cough and death.

As the laryngoscope will enable the physician who is expert in its use to determine the presence of a foreign body in the larynx, and even in some instances as far down as the bronchi, in suspected cases, it becomes an important question as to the propriety of an operation for its removal. I think most surgeons will agree with me in the suggestion that whenever the body is known to be hard and uneven in its surface, or of such size or character as to endanger life, should it be dislodged and pass into one of the bronchi, and its situation has been determined by the aid of the laryngoscope or other means, then an operation for its removal should at once be be performed, *although at the time it may not be causing very great distress.* In those cases in which symptoms of suffocation are impending, the propriety of bronchotony at the earliest possible moment has already been established.

BALTIMORE MEDICAL ASSOCIATION.

[REPORTED BY J. W. P. BATES, M. D.]

Diabetes.

Dr. FRIEDENWALD related the case of a man, æt. 20, who came under his care to be relieved of a cataract. Upon examination and inquiry he found the man had had diabetes for two years. When first under his care he voided immense quantities of urine, sp. gr. 1042; had a ravenous appetite, and an insatiable thirst. He was placed on animal diet, and there was an improvement in the quantity and character of the urine; strychnia was also used. Lately I have given him no special treatment. The urine has gradually decreased from seven pints to three pints; sp. gr. 1024. It varies in quantity and specific gravity without apparent cause. Have any gentlemen any experience with the new remedies, as peroxide of hydrogen, in these cases? I did not operate on his eyes, because I feared failure from the want of tone in the system. I should be pleased to receive any suggestion in the treatment.

Dr. MORRIS—I have a case of diabetes, which I regard as incurable, in which I have used everything except the peroxide. At first he voided about two gallons of urine per day. I kept him on animal diet for a time, and then pursued the opium treatment for two months. The quantity of urine is diminished now to less than a gallon, but the sugar is enormously increased. The man is a complete wreck, having lost nearly all his mental faculties. I have tried strychnia, cod-liver oil, skimmed milk, and, in fact, every kind of treatment which promised success. Now I allow him anything he desires.

Dr. UHLER—As Dr. Morris allows his patient to eat anything, I would suggest to feed him on raisins, which may compensate for the loss of the grape sugar carried off by the kidneys.

Dr. HARTMAN—I saw an account of the raisin treatment having been used successfully in France, and it is worthy of trial.

Acne.

Dr. NOEL—What is the best treatment for acne vulgaris? I have had a number of these cases and they are very troublesome. In some cases I have succeeded with arsenic, in others with Summerfield's lotion (sulphur, camphor, lime-water and rose-water). I have a case now, in a young lady, in which I have used potass., iod., arsenic, mercury, etc., without effect.

Dr. MORRIS—The best thing I have found for acne vulgaris is

℞.	Sulphur,	ʒvj.	
	Glycerinæ,	ʒvj.	
	Alcohol,	f.ʒvj.	M.

For acne rocacea,

℞.	Potass. acet.,	ʒvj.	
	Glycer.,	ʒvj.	
	Alcohol,	ʒvj.	M.

Dr. JONES—I have used successfully potass. iod., ac. arseniosi, bitter wine of iron; while locally I used a lotion containing Goulard's extract morph. acet., and glycerine in rose water.

External Perineal Urethrotomy.

Dr. WARREN.—About four months ago I was called to see a man who was a martyr to urethral fistula. Some years ago he had gonorrhœa from which stricture resulted; abscesses formed in the perineum, and through these openings the contents of the bladder were passed. It was impossible to pass a catheter into the bladder; a number of surgeons had made the attempt and failed. He was much emaciated and suffered intense pain at every attempt to empty the bladder. So deplorable was his condition that he had been confined to his room for a number of years. Viewing all the circumstances of the case I thought external urethrotomy offered some hope of success, although I knew its performance would be difficult. THOMPSON and ERICHSEN say that when performed in cases in which it is impossible to use a staff, it is one of the most difficult operations in modern surgery. Six weeks ago I performed the operation and dissected a new passage to the bladder. The operation was quite tedious, and he was kept under the influence of chloroform for three hours. From the opening in the perineum I passed a catheter into the bladder; on this I passed a groove director and withdrew the catheter; then I introduced another catheter at the meatus and passed it down until it made its appearance at the perineal opening, when I engaged its

point in the groove of the director and thus guided it into the bladder. I allowed the catheter to remain in for three weeks. The wound healed kindly and a speedy success seemed certain, when abscesses formed at various points, one of which, at the junction of the penis and scrotum, opened the urethra. To remedy this I passed a small gum catheter down the urethra and just past the new fistula, and left the case to nature. It has nearly closed; being at first nearly one inch in length it is now not more than 1-10 of an inch. The man has improved in health, can pass his water at will, and retain it. From the previous condition I think I have accomplished a good deal.

Dr. MORRIS.—I can endorse all Dr. Warren has said about the deplorable condition of this man. I have known of the case for years, and think the doctor deserves the thanks of the profession for his perseverance.

Scarlatina.

Dr. WILSON.—I wish to call the attention of the members to the use of cider in this disease. A boy, æt. 3 years, came under my care, in which the throat symptoms were very alarming, and were getting worse. In this condition cider was used with marked benefit, and the improvement was rapid. It was diluted at first, and used in such quantities as he could well swallow; afterward it was used stronger and in wineglassful doses. It acts as an astringent, excitant and diuretic.

Dr. MORRIS.—Dr. HINTZE used, twenty-five years ago, rusty nails in cider. In the treatment of scarlet fever I use nothing but acids, as lemonade, muriatic acid and chlorate of potassa. I have long since discontinued the use of diuretics and diaphoretics.

Dr. Warren.—Cider and nails was a favorite remedy for the sequelæ; acetic acid had quite a reputation in dropsy.

Dr. HARTMAN.—In a case of acute Bright's disease following scarlatina, boy, æt. five, the stomach was so irritable that all medicine was rejected. Finally, I used bitartrate of potassa in milk, or rather the whey sweetened with loaf sugar. Of this he drank freely; the vomiting was checked, and in six hours the kidneys acted freely, and he voided about half a gallon of urine in about twenty-four hours. I used this for nine or ten days, when he was discharged cured.

EDITORIAL DEPARTMENT.

PERISCOPE.

Pouching of the Perineum in Labor.

Dr. SIMON S. TODD, M. D., writes to the *Kansas City Medical Journal:*

A variable and uncertain degree of resistance to the passage of the head is offered by the vulva in all cases; most marked in first labors. Should this resistance be unusual, and persist for a time after the head has reached the floor of the pelvis without a corresponding resistance on the part of the posterior perineum, a bulging of the latter occurs, increasing with each contraction till a *cul-de-sac* is formed, of which the anterior border of the anus forms the central point of depression, and from which the head is not easily dislodged by natural efforts.

We might reasonably expect sometimes to find existing, as accessories to this pouching, a flattening of the sacral curve, or an unusual degree of mobility on the part of the coccyx, either of which lengthens the antero-posterior diameter of the inferior strait and inclines its axis backward. I feel warranted, however, in assigning, as the usual cause, rigidity of the vulva and a yielding tendency of the posterior perineum, accompanied occasionally by a faulty fulfillment of the movement of extension.

Though writers, so far as I am aware, make no particular mention of this condition, I am inclined to think it is far from being unfrequent, having myself often witnessed it in a minor degree, with resultant retardation of labor. Doubtless every accoucheur has witnessed the same thing frequently in primiparæ, when this pouching was not so fully pronounced as to offer serious impediment to labor or require peculiar treatment; but this exaggerated form, from its liability to result in central laceration of the perineum, or at the least a hazardous delay of labor, merits special notice and demands special treatment.

A case of this kind, most distinct in its features, having recently come under my observation, where labor in the second stage had for several hours been retarded by this pouching of the anus, and was then brought very suddenly to a close by a simple expedient, I am induced to give it publicity:

Mrs. J. K., æt. 20, Irish parentage, inclined to plethora, in her first pregnancy and in the full enjoyment of excellent health, was seized with irregular labor pains on the morning of December 7th. I was consulted soon after, but as the patient lived out of the way, did not see her till the evening of

the 9th, when, having been summoned about 7 P. M., I found labor fully inaugurated, with a first position of the vertex. The bowels and bladder were in good condition. Regular and efficient pains were now kept up without interruption till three in the morning, at which time the membranes ruptured and the head rapidly reached the floor of the pelvis. Under the vigorous pains which continued the vulva dilated to a diameter of one and a half inches, where it remained nearly stationary for several hours. In the absence of contraction the vulvar ring was soft and apparently dilatable, but when touched immediately contracted upon the fingers, showing great sensitiveness and elasticity, a fact which I had not failed to notice when I first made examination, and which gave repeated proofs of its continuance to the close of labor.

Following the slight dilatation of the vulva which took place when descent and rotation had been accomplished, was a bulging of the posterior perineum, which, increasing with each unabating expulsive effort, soon involved the entire perineum, threatening the greatest damage to the increasingly attenuated tissues which now imprisoned the head. For the first few hours, the pains recurring with satisfactory force and regularity, I rested easy under the belief that the vulva would eventually yield. In this I was disappointed. Chloroform might have been of essential service, and with the forceps would have been but the work of a few moments. Neither, however, were at hand, so I sent for my forceps, and in the meantime gave the woman six grains of tartrate of antimony and potassa, in three-grain doses, with an interval of twenty minutes. This did not provoke even the slightest degree of nausea.

Up to this time I had with each recurring pain given to the perineum the passive sort of support usually advised and practiced, but it did not occur to me that I might with entire safety co-operate actively by changing the direction of the transmitted force, till I discovered an intervening space, readily admitting the point of the finger between the occiput and lower border of the symphisis pubis. Now, I did *not* do what Dr. BARNES in his "Obstetric Operations" (N. Y. Ed. page 67) advises sometimes to be done at this stage in forceps deliveries, where the extension movement is incomplete, to wit: pass my fingers into the anus to get a point of pressure upon the forehead, for, practically the existence even of the anus was at this juncture, *per se*, a matter of merest speculation, and the forehead was certainly behind where the anus ought to be.

Placing myself nearly in front of my patient (still lying upon her back) I passed the fingers of my right hand behind the coccyx, upon which the forehead lay, the heel of the hand resting lightly on the prominent perineum, and awaited the return of pain. The contraction coming on, I elevated forcibly the coccyx and posterior perineum, and was surprised and pleased to note the remarkable change now taking place. The forehead slid quickly over the face of my hand, and the vulva expanded so rapidly that I felt sure the head would be delivered by the current pain. This result, however, was reserved for the next. Still pressing firmly upward as before, I had not long to wait till another forward movement began; the occiput slowly glided up in front of the symphysis, the vulva further dilated, another throe, and the head cleared the outlet, soon followed by the trunk. It was now ten in the morning, seven hours having elapsed since rupture of the membranes. The integrity of the perineum was perfectly preserved, little evidence of exhaustion was shown, and the woman made a rapid recovery.

Though the advice of Dr. Barnes was not intended to apply to cases like the above, I cannot allow the occasion to pass without modestly expressing doubt of the propriety of adopting, under any circumstances, the suggestion of the eminent obstetrician of St. Thomas' Hospital. In this I am influenced by a fear for the safety of the recto-vaginal wall, which is the only tissue between the finger and the fœtal head, and which has now become wonderfully attenuated. The danger of rupturing this thin partition *behind the finger* by the forward impulse given, will be fully appreciated when we remember the facility with which the fœtal membranes are torn by the finger when stretched to their utmost tension by the liquor amnii.

The peculiarities in this case are instructive. Had I performed this little feat five or six hours earlier, the woman would have been delivered five or six hours sooner.

The Treatment of Suppurating Glands of the Neck.

Mr. LAWSON TAIT, in the *British Medical Journal*, makes some remarks on this subject. The routine treatment of cod-liver oil, iron, and quinine, iodine, and poultices, is seldom departed from. Differences of opinion exist as to whether they should be opened early or late, or not interfered with at all; but whichever way this part of the treatment is conducted, the same unsatisfactory ending in a disfiguring cicatrix is the inevitable result. The "look" of the thing is bad, and from the popular notion that every scar on the neck indicates "scrofula," many a poor mother's life has been embittered, many a poor child's prospects seriously interfered with, owing to the ineradicable neck mark. This objectionable condition may be

avoided in very many cases by careful perseverance in a plan of treatment which Mr. Tait states he has adopted for many years. It consists simply in tapping a gland as soon as it is ascertained to contain pus, and in continuing this treatment until the cavity no longer secretes. The means with which he effects this, is the little instrument known as Dr. ALEXANDER WOOD'S Morphia Syringe. Only two precautions are necessary, and these are, never to introduce the needle twice at the same spot, and to introduce it very obliquely into the abscess, entering it at least a half an inch from the margin of the tumor. As a rule, the direction must be from behind, forward; but occasionally it may be done from before, backward, or at right angles to this direction. He has had to persevere till he has made as many as fifty punctures at intervals from one to ten days before the treatment was successful; the success being constituted by the complete disappearance of the tumor without the skin ever breaking. The amount of satisfaction the patients express at being saved the disfigurement of a gland-mark amply repays in thanks the great amount of trouble required.

Treatment of Bronchocele (Goitre) by Electrolysis and Subcutaneous Injection of Iodine.

Dr. WAHLTUCH records a case of a young lady who had suffered from bronchocele for four years, and had used iodine freely, both internally and externally, without experiencing relief. The size of the tumor was that of an egg. Dr. Wahltuch at first ordered bromine internally and externally, but, as no benefit accrued, he commenced, on July 14th, the electrolytic treatment, beginning with eight Daniell's elements, and the insertion of one needle, and gradually increasing to sixteen Daniell's elements, and the insertion of four needles at first twice a week, then once a week till January 5th. The mode of operation was that the needle connected with the negative pole of ALTHAUS' permanent battery was inserted into the tumor, the circuit being closed by placing a moistened sponge connected with the positive pole to the skin of the neck. The current was allowed to act at first for three minutes, but the time was gradually increased, until it amounted to an hour. The tumor after each operation became softer, and began to swell; the enlargement continued for twenty-four hours, after which it gradually subsided to a size below its previous dimensions. After the twenty-fourth operation the tumor had diminished to the size of a hazel-nut, and consisted of the right lobe alone, the left and middle lobe having been reduced to their normal size. Further operations caused no more reduction, and all treatment was discontinued for six weeks, during which time the size of the tumor remained unchanged. The hypodermic injection of iodine tincture into the enlarged right lobe was then tried. The injection consisted of one minim of tinct. iodine in nine minims of water, then two minims with eight, and so increasing its strength till twenty minims of the pure tincture were injected at least twice, with the best effects, the tumor disappearing altogether at the sixteenth operation, at intervals first of a fortnight, and then of a month.

Treatment of Diphtheria.

Dr. STEINER, quoted in the *Practitioner*, states that in his opinion we are not at present in a position to determine whether diphtheria is a constitutional and blood disease, or whether it is only a local affection. He appears, however, to be himself inclined to regard it as of a parasite nature, since the methods of treatment he has adopted are chiefly local, with the exception of the administration of the chlorate of potash and quinine. The means employed consisted in the application by gargling, inhalations, penciling or powdering, of the following agents: 1. Aqua calcis in fourteen cases. Of these, nine terminated favorably, five fatally. The solvent action of the lime-water on the diphtheric slough was very well marked. The false membranes had, in a great measure, or entirely, disappeared in the course of six or eight hours. It did not prevent the adoption of other measures. It did not appear to be capable of limiting the diphtheritis to the fauces or to prevent its extension into the larynx and bronchia. 2. Acidum lacticum. This remedy, which was first suggested by A. WEBER, as a solvent, for the false membranes found in croup, was applied by Steiner in the form of inhalations (15 to 20 drops of lactic acid being contained in one ounce of water), but with the same unsatisfactory results as in lime-water. Of seven cases three recovered and four died. Lactic acid must be admitted to effect a speedy detachment of the diphtheritic membranes, but no greater power of arresting the progress of the disease can be attributed to it than to the preceding remedies. 3. Ferrum sesquichloridum (applied with a brush to the parts affected). The solution and separation of the false membranes did not occur so rapidly as after the other means, but, when once this had been accomplished and the chloride was brought into direct contact with the ulcerated surfaces, the latter appeared to assume a healthy aspect, and the process of healing was promoted. Of four children treated by this method, two were saved and two died. 4. Spiritus vini applied by means of a brush, and also in the form of wet compresses around the throat. No remarkable effect upon the false membranes was observed of three children thus treated belonging to the same family; one died, and two

others recovered. 5. Sulphur sublimatum. Dr. Steiner agrees with HANNER, that the action of flowers of sulphur, if it have any at all, is only that of a slight caustic. The application was made by insufflation, and was repeated every three or four hours. Two slight cases treated in this manner recovered; a severe one died. From these experiments Dr. Steiner draws the conclusion that slight cases of diphtheria recover under all of the above methods of treatment, whilst severe ones prove fatal; and that we are not at present in the possession of any remedial agent that is capable of limiting the diphtheric process to the fauces, but that the aqua calcis is perhaps the most valuable remedy, on account of its unmistakeable influence in effecting the solution of the diphthiritic membranes. The plan which he adopts is the following: locally, lime-water; internally, the administration of chlorate of potash, quinine, and wine. When laryngitis appears, he gives emetics; and, in asphyxia, resorts to tracheotomy.

Operation for Strangulated Hernia—Indications that the Sac or Intestine is Exposed.

An interesting paper which appeared in the *Archiv für Klin. Chirurgie*, 1870, has been translated in the *Practitioner:*

The surgeon has the sac before him.

1. When the cellular or fibrous layers divided are thin in reference to the volume and age of the hernia; for a large and old hernia has proportionately thicker layers than one of recent date. 2. When the incision has been followed by a flow of hernial fluid. 3. When the tumor is irregularly depressed and hollowed. This appearance is especially presented by old herniæ, an annular depression being found at the site of the original hernial ring. 4. When a transparent spot is visible, especially at the lower part, indicating the presence of the hernial fluid. 5. When the tumor attains a certain size, and yet presents no appearance of an intestinal loop. 6. When a layer of fat, however thin, exists on the surface of the tumor. 7. When the finger placed in the wound is unable to penetrate to the seat of strangulation. In very acute cases there is sometimes a difficulty, which, however, may be overcome with a little perseverance. 8. When the ring is divided from above downward, the tumor becomes flaccid from the retreat of the intestine into the abdominal cavity; whilst the sac remains outside and presents the appearance of an empty pocket; sometimes, however, the tumor remains without change. In such cases the intestine is strangulated by the neck of the sac and is unable to retreat. 9. When the tumor is devoid of polish, and, notwithstanding the duration of the strangulation, the somewhat pale red of the hernial sac is not replaced by a livid tint. 10. When with the forceps we are still able to raise thin laminæ or filaments from the surface of the tumor, which can never be done from the serous surface of the intestine. 11. When the tumor offers a form which is neither round, oval, nor oblong. In the latter case the sac always contains an intestinal loop.

The operator has the intestine before him.

1. When the tumor exposed is neither nodulated nor uneven, but presents a spherical form, which is sometimes a little oblong or pyriform in inguinal hernia. The surface of the tumor is moreover uniformly smooth. 2. When the hernial fluid has already escaped. 3. When an intestinal loop can be recognized. 4. When, besides the hernial tumor formed by the intestine, portions of the omentum are also present. 5. When the tumor presents a smooth surface. 6. When the color is of a lively red or of a darker red than the sac, when it is not acutely inflamed. 7. When the vessels are somewhat traverse, in the envelope of a hernia they are usually more or less longitudinal. The statement that, when the intestine is exposed, it can be always drawn forward, is erroneous.

The Doctor and the Apothecary.

Mr. WM. L. TURNER gives his views in the *Am. Jour. Pharm.* on this subject, which, as giving the other side of the question, we quote in part:

"The relation to each other of doctor and apothecary has been a subject of considerable comment, generally assuming the character of a two-sided question, the affirmative or negative of which has depended mainly upon the sympathies or pecuniary interest of those who have entered into the discussion. It occurs to mind, however, that it is a question differing somewhat from the one as to "which side of the jug the handle should be on," differing in the fact that a third question is necessarily involved. It is no uncommon thing, on the one hand, to hear urged against apothecaries the complaint of "prescribing over the counter," as though the pecuniary interests of the physicians were the only matters or interests with which apothecaries had to deal, entirely superceding their own or that of their patrons; while, on the other hand, apothecaries complain of physicians for prescribing special articles and special establishments, as though it were the paramount duty of physicians to see that every one who chose to start a drug store should be properly sustained and supported, entirely ignoring the important fact that those from whom both derive their support, and for whose benefit only either becomes only a useful appendage to society, have rights, which not only entitle them to some consideration in determining this question, but which both are bound to respect; for instance, it is sim-

ply absurd to say that an apothecary should not recommend a simple remedy for a cough, when the person requesting the same can purchase anywhere a remedy for which he has no other guarantee than an advertised list of wonderful cures; or it is equally absurd to suppose that a physician is in duty bound to prescribe only such remedies as he may know or even suppose to be in every drug store, without regarding the requirements of his patient, or his own choice.

But this question of relation to each other does not end here, but assumes another phase, and has become to some extent involved in the issues existing in the medical profession—differences too frequently only of opinion, which, in some instances, have no better foundation on which to build than the hobby of some one remarkable only for having a hobby. There may be those who prefer to be free to act out their part upon the stage of life free from the restrictions or supposed technical proprieties of organized associations, or associated organization, who may by choice prefer, or by necessity be compelled, to work out the problem of life, or ascend the hill of fame, depending exclusively upon their merit or good fortune. There may be others who prefer to surround themselves with such influences and conventionalities as they may deem essential or politic; or deem it of more importance to transmit a fame acquired by others, than acquire fame themselves. What have apothecaries to do with these divisions, that they should array themselves on the side of one and against the other? Is there any necessary connection between the doctors and apothecaries that will justify a sympathy on the part of the latter with any preposterous proposition, or absurd abstraction, that may tend to concentrate the few or separate the many of the former? I know that various attempts have been made to create an impression that pharmacy is merely a collateral branch of, or dependent attachment to, medical science. To such an extent has this attempt been made in some localities that medical men have assumed to prescribe under what legislative restriction pharmacy should exist. This attempt has not been made by medical men only; pharmacists themselves in some instances have taken up the cudgel and battered away in defense of some pet theory of medicine, thus identifying themselves with this, or following in the wake of that, as though it were a proper subject of investigation, where pharmacy should be located or to what subdivisision of medicine it should be attached. Is pharmacy to be confined to one or more beaten paths? Shall it be denied the privilege of entering newly opened avenues, and positively forbidden to open itself? As astronomical science knows no bounds, but embraces the universe, so let pharmacists at least regard medical science as embracing all medical knowledge.

Reviews and Book Notices.

BOOK NOTICES.

The Second Annual Report of the State Board of Health of Massachusetts, January, 1871, Boston, 1 vol., paper, pp. 433.

This report is one of the most interesting volumes of its kind we have examined for a long while. The results the Board have elicited, and the suggestions they bring forward, deserve the highest praise for careful accuracy and practical utility. Among the subjects treated are poisoning by lead-pipe used for the conveyance of drinking water; the health of towns; charbon or malignant vesicle; the causes of typhoid fever; homes for the poor; the ventilation of school-houses; air and its impurities; health of minors employed in factories; use of milk from cows affected with foot and mouth disease, etc., etc. On all the topics new and original observations are given, and the whole is presented in a truly scientific manner, unbiased by prejudice or hasty generalization. The Board are doing an excellent work, and we would that every State in the Union issued such a volume every year.

Body and Mind: An Inquiry into their Connection and Mutual Influence, specially in reference to mental disorders. Being the Gulstonian Lectures for 1870. With appendix, by Henry Maudsley, M. D., London. New York: D. Appleton & Co., 1871. 1 vol. cloth, 8vo. pp. 155.

The three lectures embraced in this book treat respectively of the physical condition of the mental function in health. Of certain forms of degeneracy of mind, their causation and their relations to other disorders of the nervous systems, and of the relations of morbid bodily states to disordered mental functions. The appendix contains two essays, one on the limits of philosophical inquiry, the other on the theory of vitality. The whole work bears the impress of vigorous thought and extended research and though the views of the author are positive and often peculiar, they are always well supported.

The Rocky Mountain Climate.

The *Laramie Daily Sentinel* says: Physicians and letter writers, by extolling the benefit of a *trip* to the Rocky Mountains to invalids, have undoubtedly done both the country and the invalids an injustice by inducing persons beyond the possibility of recovery to come here only to die. This deters their friends, of the curable class, from visiting the mountains when many might be greatly benefited. Invalids should not come before the middle of May, and come prepared to remain until the first of January.

MEDICAL AND SURGICAL REPORTER.

PHILADELPHIA, APRIL 15, 1871.

S. W. BUTLER, M. D., D. G. BRINTON, M. D., Editors.

☞ Medical Society and Clinical Reports, Notes and Observations, Foreign and Domestic Correspondence, News, etc., etc., of general medical interest, are respectfully solicited.

Articles of special importance, such especially as require original experimental research, analysis, or observation, will be liberally paid for.

☞ To insure publication, articles must be *practical, brief* as possible to do justice to the subject, and *carefully prepared*, so as to require little revision.

We particularly value the practical experience of country practitioners, many of whom possess a fund of information that rightfully belongs to the profession.

The Proprietor and Editors disclaim all responsibility for statements made over the names of correspondents.

THE AMERICAN MED. ASSOCIATION.

In view of the approaching session of the American Medical Association, we offer a few suggestions of topics with which it were desirable to see it occupying its meetings.

The value of a general organization of the kind depends directly upon the effectiveness with which it discusses and elucidates the questions which occupy the attention of physicians in their daily professional life. Its value is decreased when, instead of such subjects, it becomes the organ of cliques, schools, or individuals determined to seek their own ends at all hazard, and interested rather in bringing themselves prominently forward than in advancing the well-being of the entire profession.

The last session that met in Washington City, in 1870, was by no means a creditable exhibition, and left an impression on the public mind more correct than it was admirable. The partisan spirit which was there manifested, the strife for personal aims, the turbulence, the vanity of individuals, the parliamentary incapacity displayed at that time, we stigmatized then, and we hope sincerely not to see repeated.

Even if the temper of the association be such that the delegates cannot discuss calmly and politely some vexed questions—which would not be a praiseworthy frame of mind—they can at any rate find enough besides to occupy their hours with topics, which they could with great public advantage discourse upon.

The organization of local medical societies throughout the States is, by no means, complete. A distinct effort to have every State and every county connected with the Central Association would be a praiseworthy step.

The propriety of a higher culture in medical colleges has often been talked of. It is time now that something real be accomplished.

The degradation of the title of Doctor of Medicine by chartered institutions of a shameless character should be limited if possible.

The importance of the association identifying itself in the movements of State Medicine, especially in the distribution of general knowledge on prophylaxis and hygiene, cannot be over-estimated. As it is, they are sadly neglected.

More direct encouragement of the scientific labors of the sections would redound to the credit of all concerned.

The relations of physicians to apothecaries ought to be more clearly defined.

As to discussions of minute changes in the code of ethics, they are usually idle and unnecessary. The elaborate revisions which this code has undergone are enough, without making it the vehicle of narrowed and prejudiced views.

☞ On account of the severe illness of the Senior Editor of the REPORTER, and the failure of receiving proof at the office, we must apologize to our readers for the appearance of the last number.

We hope never again to see such a specimen of negligence leave our office.

Correspondence.

DOMESTIC.

A Suggestion.

EDS. MED. AND SURG. REPORTER:

Malignant growths, or cancers, are now, and always have been, a source of interest to the profession, and a standing reproach in our present state of knowledge concerning them. Who is he that understands their nature? Pathology teaches that they are abnormal cell-growths or developments. What then? Who knows the cause of their production, or the peculiar state of the solids and fluids that is favorable to their formation? Or the more important point, who knows how to cure them? To read the public prints, we might suppose that certain gifted individuals can at all times cure them for an equivalent in money, and have a complete mastery over that state of the human system that

is favorable to their reproduction, and yet they are not cured. Surgery has hitherto failed, and continues to fail. Quackery alone pretends to possess the means of never-failing cure. Still the disease is developed, and the unfortunate patient languishes, suffers and dies. Scientific men propose remedies, and they are tested, and successively fail, and are cast aside. Has there been a chemical analysis of the diseased part? What elements of healthy growths are wanting, and what of unhealthy growth is found to exist? Are we not in the dark? Is there no remedy that will restore and mantain the human body in that normal condition that will be incompatible with the production and development of this fearful disease? I am not competent to answer. But we are taught that a proper proportion of iron and oxygen are essentials of healthy blood; if we have healthy blood can we have cancer, or other malignant growths? I think not. Can we maintain the blood in a healthy normal state by administering to patients afflicted with this malignant disease preparations of tr. ferri. chloridi; and exhibit at the same time such medicines: chlorate of potash, nitric vinegar (vinegar saturated in nitrate of potash) or even oxygen gas? Would not the action of such remedies given freely have the effect to prevent that morbid, depraved state of the blood, without which I think it would be impossible for the disease to exist? This is merely a suggestion; I have no data to produce; but is it not worth trying by those who have the opportunity—medical men in cities, professors, and those having charge of hospitals, etc.?

Oxygen gas might be administered by inhalation, or a jet of it played upon the surface of the sore, after the inflammation and ulceration has destroyed the skin. The use of the above named agents could not possibly do harm, as the disease under present treatment inevitably grows worse and is fatal. Some may object that the use of iron and oxygen would produce violent inflammation. It may do so. What if it does? Would the case of the patient be more critical? May not acute simple inflammation of a cancerous sore bring about a different and more favorable condition of things? Who knows? I have read of tumors being vaccinated with cowpox matter with favorble results, and if a different state of affairs could be brought about in the disease in question, might not the final result be fortunate? If it done no good (the treatment, I mean,) it would not be any worse for the patient afflicted with this horrible malady, for he has to die under all known treatments.

I hope some of my medical brethren will give this matter a fair and impartial trial, test it thoroughly and without prejudice, and let the result be known. All great discoveries have mostly been accidental and unlooked for. Understand, I do not claim this as a discovery, but merely a suggestion that has occurred to my mind, and has recurred until I felt it my duty to bring it forward in some shape before the medical world for their investigation and trial, for I am so situated that, if I had a patient laboring under this form of disease, I could not thoroughly and satisfactorily apply it; but my mind has been so much impressed with this idea lately that I could feel satisfied with myself only by making it public.

Some may sneer and think I seek a degree of notoriety. Such is not the case; and if this suggestion is valueless, or has been tried and found ineffectual, set me down as a visionary, who only meant to diminish the amount of human suffering in existence, and ameliorate the condition of his fellows. And if the proposed treatment should prove effectual, let me have the benefit of suggesting it; if no one can prove me wrong in this matter, let them weigh it honestly and candidly, and with the spirit in which these broken hints are written.

F. A. Roop, M. D.

Galestown, Md.

A Novel Case.

Eds. Med. and Surg. Reporter:

On the 19th of June, 18—, I was called to see Mrs. B——, æt. 44, mother of some eight children, youngest some five years old; found her busily engaged in household duties. I inquired the cause of her summons to me; she replied that she was about seven months gone in pregnancy, but had felt no movement of the child for about two weeks, had not had any chills, no hemorrhage, felt well, but was satisfied that the child was dead, and only wished to know what she ought to do. I told her not to concern herself about the case, that the uterus would in time expel the fœtus—how soon I could not tell—but to inform me if anything unusual should happen, or there were signs of labor.

I heard no more of the case until the 15th of August, the expiration of the nine months pregnancy. I was then called to see her; found her in labor; said she had felt no movement of the child since my former visit. Labor progressed favorably, until the birth of the dead, unsightly fœtus. I waited a short time for uterine pains; there were none; no hemorrhage, not even a "show." I decided on removing the placenta. The cord being small and tender I could use no traction; it only served as a guide. Upon making the usual digital examination, I could not reach any placenta, or the point of attachment of the cord. I waited a short time, as I could in all safety in this case; I then passed my hand into the uterus, following the cord to the fundus, but found no placenta; the cord had its attachment to what seemed to be the uterine wall—the surface of the womb at this point of attachment seemed to be in a nodulated

condition; for at least one inch each way from this point of attachment, these nodes were the size of a garden pea. I then withdrew my hand, leaving every thing as I found it. I thought it over; made a second exploration; the same result. I then informed those present of the state of things (new to me).

The second or third day after delivery the umbilical cord sloughed off and passed away—no lochia, not a single unfavorable symptom in the case afterward. The only plausible theory I have on the subject is, that degeneration of placenta took place, causing the death of the child; and during the two and a half months after its death the placenta was taken up by absorption. If any of your readers have met with such a case, I would like to hear from them. J. CARY, M. D.

Uniontown, Pa., March 24, 1871.

Renal Disease.

EDS. MED. AND SURG. REPORTER:

Cases reported in medical journals are apt to be like cases reported in medical societies. They are cases that have all or nearly all recovered. Now I propose reporting one that did not recover, for two simple reasons: First and least, I wish to see how the report of a case that *died*, would look in a medical journal (especially a case that did not originate in San Domingo, South America or New Zealand, and died in a New York or Philadelphia hospital, a case that all "country doctors," like ourselves, are liable to run against at any time, and one that throws them back upon that basis peculiar to "country doctors" (I mean self-reliance and practical good sense). My second reason is, trusting that it may call out from some of our professional brethren their opinions as to the cause of the suddenness of the attack, and its rapid course to a fatal termination; also what treatment could have been adopted different from the course pursued, if any, with any better prospect of success. But I hasten to the case. I was called on Tuesday, the third day of January last, in consultation with Drs. MCKELVEY and REBER (the two leading physicians of this town), at the house of Mr. A., in the case of his son, a boy 14 years of age, who had been perfectly healthy as far as known up to Thursday, the 29th of December, when he noticed that he was "urinating more than natural." He had been attending school up to that time. The following day (30th) he felt somewhat weak and quite thirsty, but still was about, and went out to the iron mines, a half mile. That night, for the first, he had to get out of the bed to urinate.

On Saturday he went to his father's barn and harnessed a team of horses, intending to drive some five miles, but being a cold day, and passing so much water, abandoned the idea; he then complained of feeling weak and thirsty; that evening sent to town for Dr. Reber, who at once diagnosed the case as one of sach. diabetes, which a chemical analysis confirmed. Passing a large quantity of pale, greenish urine of a sickish, sacharine smell. Pulse, 130; tongue slightly coated; still complaining of nothing except thirst and a feeling of weakness.

Sunday, Jan. 1*st.* For the first time confined to the bed; pulse, 130; tongue coated, somewhat dry; skin dry and hot; thirst excessive; passing seven quarts of urine every 24 hours; returning an acid reaction; density 1,050. Doctor continued tonics; tinct. fer. chlo., quinia, etc.; also, opii and alkalies, beef tea, and milk as diet.

Monday—Very slight, if any improvement; doctor continued the treatment with sponge baths; bowels slightly relaxed; skin not quite as hot; urine the same, except neutral.

Tuesday—Visited him in connection with Dr. R., and also Dr. McK. Pulse, 140 and weak; skin cool but dry; tongue dry and dark; urine the same as before; no acid reaction, but density of about 1,064; pupils rather sluggish. At the suggestion of Dr. McK., creasote was added to the treatment. That evening he died, no *post-mortem* was allowed, but no physical or rational symptoms ever indicated any complication. Query—What caused this sudden attack? What caused this rapid progress? What else could have been done to arrest its march? Has any professional brother met with a similar case? FAGG.

Bloomsburg, Pa., March 30, 1871.

Fracture in an Aged Person.

EDS. MED. AND SURG. REPORTER:

The results of the following case may be interesting, proving that extreme old age is not a prevention to the formation of callus.

Mrs. Robert Steel, æt. 91 years, fell March 29th, 1869, and fractured the upper third of right femur. The bone was broken nearly transversely, caused by striking the rail of a low bedstead in the act of falling. I at once applied PHYSIC'S splint, but in less than two weeks had to remove it, owing to the pressure interfering with the circulation and causing extensive ecchymosis.

Counsel was now called, when it was agreed to abandon all dressing and aim merely to comfort and palliate the patient. A trial of a few days without any dressing proved to be more painful to our patient than with the splints applied. I now substituted for dressing six narrow, short splints around the fracture, held to the limb by adhesive straps, and made extension per weight (six pounds of sand)

with pulley and adhesive straps. This appliance was continued for seven weeks, when good union had taken place. Thirteen weeks from the time of injury Mrs. Steel walked about in her room with a well united limb, osseous union having taken place. There is one and a half inch shortening. Mrs. Steel is now 93 years old and enjoys good health.

J. K. Holloway, M. D.

Akron, Ohio, March 14, 1871.

Wash for the Cure of Poison from the Poison Oak.

Eds. Med. and Surg. Reporter:

Having noticed a communication in the Reporter for March 4th, 1871, from Dr. Dunn, of La., in reference to his treatment of poisoning from poison oak, I will give the result of a large experience in the treatment of this annoying affection. Children are very liable, when running with bare feet, to tread upon this shrub; a touch with the hand or any part of the person is quite sufficient to produce the characteristic sore. There is no necessity of treating this trouble constitutionally, the writer having always succeeded in effecting a cure in the following manner:

℞	Hydr. bi. chlor.,	℥ss.	
	Distilled water,	℥iij.	
	Add and dissolve		
	Mur. Ammonia.	℥j.	
	Nitrate potassa,	℥ij.	ℳ.

Apply thoroughly three times per day with a camel's hair pencil until the parts affected are inflamed in consequence, then discontinue it for a few days, using instead calomel ointment, U. S. P., until the parts are healed. I have rarely had occasion to repeat the wash.

James S. Bailey, M. D.

95 *Eagle Street, Albany, New York.*

Chloral in Infantile Epilepsy.

Eds. Med. and Surg. Reporter:

About the 20th of January last I was called to see a child of African parentage, which was born December 27th, 1870. It was having convulsions every few minutes, but not very severe. I prescribed bromide potassium and bromide ammonium in two grain doses three times daily, alternated with quinine and Dover's powders, and in ten days the fits ceased.

February 3.—The convulsions returned. Renewed the same medicines, but with no benefit. Next day prescribed

℞.	Chloral,	℥j.	
	Syr. simp.,	℥iss.	
	Spts. etheris comp.,	℥j.	
	Syr. zingiberis,	℥iij.	

Sig.—½ teaspoonful ter in die. M.

February 10—Convulsions ceased on the 7th; to continue the chloral and powders.

February 16—Slight return of the paroxysms.

February 20—No return for three days.

February 26—Had one or two slight convulsions. Prescribed castor-oil, and ordered continuance of the chloral mixture.

March 22—Called and found the child had entirely recovered. No indication of fits since 28th ult.

The mother had continued the mixture twice a day through the month, having procured a repetition of the prescription as required on her own responsibility. The child is fat, and in every way healthy.

I will add that the mother buried an infant last summer, which died from cholera infantum, and had convulsions during its last hours.

The grandmother believes in maternal influence upon the fœtus in pregnancy.

F. K. Bailey, M. D.

Knoxville, Tenn.

News and Miscellany.

Railway Compensation.

In an important railway case in England, tried lately, the Lord Chief Justice said that he was in the habit of suggesting, in actions on account of railway accidents where there was a conflict of opinion between the medical men as to the period of the sufferer's recovery, that a maximum sum should be given on the worst view of the case, to be reduced *pro tanto* after an examination by a medical man at the end of the period named for probable recovery, if the patient were in a better state of health; but that, if he remained in the same state, then the damages should stand. Mr. Chambers said he thought it a good suggestion; and it was adopted.

—— Dr. W. T. Taliaferro, one of the oldest physicians of Cincinnati, died March 22, in that city, aged 76. He took part in the war of 1812, and was in the battle of Lake Erie.

—— Prof. Von Niemeyer has been appointed to the Clinical Professorship lately occupied by Prof. Skoda, who has resigned.

—— The library of the late Prof. Von Graefe has passed into the hands of a bookseller, and will be sold. It is exceedingly rich, both in ophthalmological and general works.

——The Home Secretary has intimated to Dr. Lyon Playfair, member for the Edinburgh University, that he will submit the name of Mr. Geikie, F. R. S., to the Queen as first Professor in the new Chair of Geology in that University. This has been done at the express recommendation of Sir Roderick Murchison, who has given the sum of £6,000 to found the chair.

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Original Department.

Lectures.

CLINICAL LECTURES ON THE SURGICAL DISEASES OF CHILDRERN.*

LECTURE 4TH.

Congenital Torticollis.

Translated by S. J. Radcliffe, M. D., of Washington, D. C.

Gentlemen: You are all acquainted with the disease known under the name of torticollis. You know that that pathological state consists in a torsion, often congenital, of the neck, a torsion resulting from permanent contraction of one of the sterno-cleido-mastoid muscles. The head undergoes a displacement which inclines the summit toward the shoulder of the diseased side, whilst the chin is carried and elevated in an opposite direction.

Numerous are the causes and the varieties of torticollis. Cold, troubles of nutrition, important diseases of the organs which enter into the composition of the neck, are among the circumstances capable of producing it. In a general way, we distinguish it into idiopathic torticollis, or that arising from functional or organic lesion of the muscle itself, and symptomatic torticollis. It is thus that glandular inflammation, phlegmons invading the cellular tissue which borders upon the sterno-mastoid muscles, warm or cold abscesses, vicious cicatrices, etc., may occasion torticollis, disappearing with the cause which has determined it. It is quite as common to see individuals affected with vertibro-cervical Pott's disease presenting a deviation of the head from its normal position. By reason of the disorders which exist in the cervical vertebra certain muscles are always contracted, and the head is placed in a flexed position, more or less exagerated, but persistent. Different nervous alterations, paralysis, for example, when they are directed to one of the lateral parts, produce a predominance of action of the muscles of the opposite side, and consequently produce torticollis.

To know the etiology of torticollis is without doubt a very important point. Yet, clinically, it is above all things important to examine which are the varieties which may furnish occasion to act. Now of all the varieties of torticollis which may induce surgical intervention, the more frequent is that which we qualify congenital—that which has had its origin in an alteration of the muscle itself, or a lesion of the nerves connected with it. It is then to that morbid variety that we ourselves attach the preference.

When the torticollis is congenital, it has a very peculiar physiognomy. One of the patients afflicted with torticollis that we have had this year in our wards, Louis S., is a beautiful example of it.

That child, æt. seven years, is moderately developed for his age. He is rachitic. The deviation of the neck is, in his case, only a part of an assembly of deformities. The chin is projected forward, and to the right. The vertex, directed backward and to the left, is in consequence lowered toward the shoulder of the side affected. The corresponding sterno-mastoid, contracted, firm and tense, is reduced to a cord, which, by its jutting out, delineates the muscle in all its extent. At the inferior extremity we feel very clearly the sternal and clavicular fasciculus. The atrophy and the contraction are so marked that the affect-

*Clinical Lectures on the Surgical Diseases of Children, by M. J. Geraldes, Surgeon to the Hospital for Sick Children, assistant professor of the Faculty of Medicine of Paris, etc., etc. Paris, 1869.

ed muscle is hardly equal in length to the third of the healthy sterno-mastiod. There is there, without dispute, an advanced fibrous transformation.

In the normal state the sterno-mastoid muscles are situated on the same level, have an oblique direction, backward and forward, and above and below, and if we make a line from one mastoid process to the other, in passing by the occiput, that line corresponds to the anterior third of the condyles of this last bone. From there a powerful increase of the contraction of the sterno-mastoid muscles arises. With the little boy of whom I spoke to you just now, it is far from being the same. The sound sterno-mastoid is more advanced, and the inter-mastoidean line is no more horizontal.

We will add to all these symptoms that the right half of the face, that is to say, that which corresponds to the torticollis, is comparatively to the other emaciated, narrow, deformed. The gaze has an oblique direction, the eyes are no more on the same level, and one is more elevated than the other.

Hitherto, gentlemen, we have mainly insisted on the changes observed in the sterno-mastoid muscle. But other muscles, to a variable degree, undergo modifications. We observe, among others, a stiffness of the scalenus. This stiffness with some persons is sometimes more marked than it is with our patient. It is the same thing also with the trapezius. This muscle you know is inserted above and behind to the superior curved line of the occipital bone. If it is contracted in its course we will observe a curviture of the vertebral column to occur, engendering thus a new deformity. Such is the case in our patient. Always when congenital torticollis is very pronounced, or when it appears consecutively to Pott's disease of the spine, we encounter that complication. It constitutes a serious obstacle to a definite and complete correction of the malformation.

These exaggerated contractions of several muscles of the neck are the source of nutritive troubles, which consequently produce a modification of the bones, and of the neighboring parts, whose development is arrested. From that cause again we have new conditions which contribute to the failure of the treatment.

All the preceding conditions show you, gentlemen, how little chance we have to cure radically the little boy of the St. Como ward. Nevertheless, these modifications in the disposition of the cervical vertebræ, these differences between the organs of one side of the face and those of the other, you will find in different degrees among most individuals affected with congenital torticollis.

The etiology of congenital torticollis is again also obscure. Some have advanced the idea that it may come from application of the forceps. Up to a certain point, it is admissible that if the pressure has been very great, if the nerves of the side of the cranium or of the neck have been contused, changes may arise in the ulterior evolution of the organs to which are distributed nervous filaments. Besides this, it may be avowed that that is an uncertain etiology, and only accounts for a limited number of cases of torticollis.

There is also a circumstance which plays a great part, not only in the production of torticollis, but in the treatment. It is the following: You will remember that the muscles, as demonstrated by GERDY, are surrounded by a fibrous sheath nearly absent in some muscles, very perceptible and perfect in others. But it is in the cervical region more than elsewhere that this sheath is evident. That of the sterno-mastoid muscle is entirely fibrous. It is inserted in the same points as the muscle, and more, it is strengthened by very strong elastic fibres, which give to it and to the muscle a considerable resistance. That sheath in the phenomenon of contraction does not remain passive. The resistance in torticollis is also augmented in consequence of the transformation of the muscular fasciculi. It follows that after the section of the tendons the sheath is opposed to the straightening of the head.

All these details are far from being superfluous. The most of them constitute so many indications which influence the treatment. The contraction of such and such muscles, the trapezius, for example, will demand a separate tenotomy, that of the tendon of the sterno-mastoid being insufficient. The scaleni themselves, when the torticollis is extremely pronounced, ought to be divided, either by destroying the muscular tension, or by employing the least powerful mechanical apparatus, which is better supported by patients.

In like manner as in other anomalies of conformation, hare-lip, club-foot, congenital cataract, etc, the epoch of surgical interven-

tion ought to be determined. In my opinion torticollis makes no exception; it is urgent to act early; for, concluding that a malformation will become every day more and more great, altering the conformation of the cervical vertebræ, congenital torticollis will, in consequence of such increase, permanently prevent the head from preserving the vertical position. Also, the more we temporise the more we favor the growth of the organs of one side of the face and neck at the expense of the evolution of the organs of the opposite side.

Before speaking to you of the different modes of treatment, it is expedient, gentlemen, to vindicate the appeal made to the cutting instrument. Without having recourse to tenotomy, may we not bring back the parts to their natural position? We think not. The application of special apparatuses to very young children may cause distress, may cause embarrassment in the movements of the head, etc., and sometimes may cause, in consequence, in these little beings, if frail, a general weakness. Apparatuses are advantageous, even indispensable, when, the tenotomy performed, the child now young, has arrived at the age of only one or two years, etc. That insufficiency, then, of mechanical means, proves that the only method of preventing the appearance of secondary deformities is tenotomy. It gives the possibility of gently restoring the parts to their natural position, by the aid of mechanical means, much more easily than would be the case if we had not previously practiced it.

The necessity of the operation determined, the time fixed, we pass in review the therapeutic resources that we have at our disposal. They are of three orders: Medical, Surgical and Mechanical.

Frictions, the internal use of tonics, to their entire extent, may be ranked in the first category. Their utility, apart from the necessary tonics in scrofulous and rachitic children, however, is very doubtful. We do not speak here, of course, of passing torticollis as we see it in its acute form, depending on rheumatism, but of congenital, and symptomatic torticollis.

Relatively to the mechanical means, their employment dates back, gentlemen, to a remote period. By turns highly praised, then abandoned for a long time, it was only during the end of the last century that they took in the treatment of torticollis, and furnished any successes. It was only toward the same period that surgical treatment intervened. The more methodic usage of mechanical means, however, made their defect apparent, and lead to the search for the cause of their want of success. It was perceived that they resided in a tendency to contraction of the tendons and muscles. It was thus that surgeons were lead to practice tenotomy.

However, before the actual time of its accomplishment, different attempts had been made by some surgeons. Not later than 1639 Minnius, cited by Tulpius and Roonhuysen had essayed to cure torticollis by cutting the sterno-mastoid muscle. Job Meeckren (1682) in his book entitled *Observationes Medico Chirurgicæ*, reported a case of torticollis in which the sterno-mastoid was divided by a surgeon named Florianus. In certain works two cases are mentioned: one by Meeckren, the other by Florianus. This is an error; these two cases are really but one and the same.

These citations will show you, gentlemen, that the section of the sterno-mastoid muscle occupied the attention as far back as the seventeenth century. But that operation, naturally imperfect, fell soon into oblivion, and it was only at the commencement of the nineteenth century that tenotomy was seriously studied. Delpech, of Montpellier, Dieffenbach, Stromeyer, Bonvier, J. Guérin have successively contributed to its progress and its popularization.

At the time when Florianus lived the tendon of the sterno-mastoid was cut, after incision of all the tissues that covered it. In the additional notes to the English translation of the work of Ledran, Cheselden has reproduced a drawing, on which is indicated the place of election of the section. The operation was executed openly, either by a parallel or transverse incision, as we proceed in the case of the tendo Achilles. Accidents having happened unexpectedly, tenotomy was abandoned.

It was not until we arrive to the year 1817 that we encounter a new example of tenotomy in the treatment of torticollis. It was due to Delpech, who cut the tendon of the sterno-mastoid muscle transversely. Five years later (1822), an important improvement was added to that operation by Dupuytren. Having under his care a case of torticollis in a young girl ten years of age, Dupuytren conceived the idea of cutting the muscle under

the skin, with a view of preventing the formation of an unsightly cicatrix. The point of a straight, narrow bistoury was plunged through the integuments exactly forward of the internal side of the sternal extremity of the contracted muscle. The blade of the instrument gliding flatly under the muscle until it reached the external side of its clavicular border. He then turned the edge forward, and cut in a sawing manner a sufficient quantity of the muscular fibres. This is the first indication known of the subcutaneous method. (*Manual de Medicine de Coster*, 1829, 3d Edition, p. 219.) No one's attention was called immediately to that innovation. It passed, so to say, unobserved.

Ammon having arrived at that time in France, summarized, in a pamphlet entitled *Parallèle entre la Chirurgie Francaise et la Chirurgie Allemande* (1823), the impressions he had received during his travels. He reported this circumstance, but relating in a singular manner the operation practiced by Dupuytren. Ammon relates that the surgeon of the Hôtel-Dieu, after having made *one* incision in the cutaneous fold, passed a bistouri boutonné and divided the muscle. That description differed so notably from that of Coster, that I will recall it only for an instant. Which of these two authors is right? I think it is Coster. For Averill in his book, *A Short Treatise on Operative Surgery* (1823), mentions the observation of the patient of Dupuytren in analogous terms to those of Coster. Moreover, he declares that the punctures healed very quickly. Finally, Frorep speaks of the operation in the same manner as Coster and Averill.

You have a right to be astonished, gentlemen, to see me dwell so long on a question in appearance so futile. Its solution, for all that, is important. The first example of subcutaneous tenotomy has been, in fact, the point of departure of ardent controversies between M. Bouvier and M. S. Guérin.

Dieffenbach published in 1830, in *Le Dictionnaire de Chirurgie*, of Rust, the result of a series of sections of the tension of the sterno-mastoid muscle. He considered the innovation, which consisted in performing the operation under the skin, as happy and advantageous, and attributed it to Dupuytren. Besides, Dieffenbach modified the operative procedure; he took great pains in passing the bistoury under the muscle, to prevent the point from puncturing the skin on the opposite side.

M. Syme (of Edinburgh) in turn performed (in 1833) the section of the sterno-mastoid in an identical manner with that of Dieffenbach. But very soon we, in France, were also interested in the subject, and M. L. Fleury was the first to perform the operation at Paris.

In 1836 M. le Docteur Bouvier presented to the Academy of Medicine drawings demonstrating that we may, by the aid of tenotomy, correct certain deformities. Sometime after M. J. Guérin addressed to the Academy of Sciences, and published in its journal, a memoir, in which he generalized the employment of tenotomy, in raising it to the rank of surgical means. In his work he affirms that torticollis is nearly always produced by a contraction of the clavicular extremity of the sterno-mastoid, and that section, by only one opening, permits us to correct the malformation. M. Bouvier protested against it, pretending to have performed the operation on a young girl seventeen years of age in 1836. M. J. Guérin persisted in claiming for himself the priority of the discovery. We kept aloof from both sides to look into the literature of the subject, and we perceived that Dieffenbach and Syme were proceeding in the same manner.

A journal of that period, *l'Experience*, contained numerous articles on the subject, which it is easy to complete by the perusal of the *Gazette Medicale*.

From all these controversies it seems to result that, if M. J. Guérin has shown that the section was made under the skin by only one incision, it was M. Fleury, and after him, M. Bouvier, who first made the subcutaneous section of the tendon of the sterno-mastoid. However, it is just to say that M. Bouvier in his work, and in his academic presentation, designed mainly to prove the inconvenience of the subcutaneous section, which he regarded as an exceptional practice, whilst that M. J. Guérin, on the contrary, contributed by his efforts to promote and establish it as a general method.

It was necessary to search in the works published anteriorly, in order to withdraw from M. J. Guérin the merit of having instituted subcutaneous tenotomy. Very soon we placed our hand on the observations of Dupuytren; and M. Dezeimeris, who took part in that dispute, in the place of adhering to the text of Coster, cited the translation of Ammon, and said: "You see that Dupuytren has

preceded you by sixteen years." M. J. Guérin did not acknowledge himself vanquished. He made a sharp reply to those authorizing the account of Coster and Noevill, and thought the discovery of Dupuytren was silly. You will see, after that, how much pains one has had in elucidating this special point. Discussions also had taken place at the Academy of Medicine, discussions that passionately commented on this journal, and which finally ended in a famous law suit.

But we will leave there, gentlemen, these purely historic details, and we will examine what are the most suitable operative procedures; it is assuredly the subcutaneous method which is preferable. This method is divided into two varieties, according as we incise the muscle from before backward, or in the opposite direction. The operation is possible in both directions. However, in proceeding from before backward, that is to say, in passing the blade of the tenotome between the skin and the muscle to divide it, we risk wounding the numerous veins situated on the posterior surface of the clavicular extremity of the muscle. So we ought in my opinion to give the preference to the operation from behind forward. After having made in the skin a sufficient puncture for the passage of the tenotome, we introduce the instrument, then make the head to incline to the opposite side, and lower the shoulder corresponding to the torticollis. That, moreover, stretches firmly the tendon, which comes, so to say, to cut itself on the tenotome.

When the section of the sterno-mastoid is not sufficient to straighten the head, we are sometimes obliged to cut the trapezius and the scalenus muscles, the contraction of which carries the head backward.

All the causes of deviation destroyed, it remains to maintain the parts in their natural position which we come now to enjoin. This is the time for the invocation of mechanical and orthopœdic agents. Their choice and application are far from being exempt from difficulties. It is not, however, the apparatuses that fail, for they are very numerous, but the most of them are fabricated for particular cases. These apparatuses are divided in two groupes, viz.: Collars and minervas. The first were in the beginning simply rigid collars. Then they were made in two equally rigid segments. Generally they were inconvenient and badly borne by the patient. One of the least defective is composed of two pieces, the one taking its support from the inferior maxilla, the other from the shoulder. They formed thus one part, a true collar, and the other a sort of scapulary hood. Both are padded carefully, and united behind in the median line by means of a leather strap, or by a metallic stem, divided in several pieces articulated together. The superior revolving articulation permits the head to be brought back to its position forward; it corresponds to the atloido-occipital articulation. A second articulation serves to lower or elevate the chin. Finally, the most inferior, lateral articulation inclines the head to the right or to the left, a screw with point d'arrêt maintaining it immovable.

Bonnet (of Lyons) has employed an apparatus composed of a species of demi-pilerine of leather, fixed by means of padded and buckled straps, passing within the axilla. That pilerine was provided with two vertical supports of steel, and furnished with two screws, terminated by large balls. These being protected by coverings, were applied to the jaws, redressing the head by that means, in any way desired.

Some have composed apparatuses also of leather. The leather is moulded on the neck and part of the scapular region of the patient; this mould is intended to give the necessary form to the collar; and, with a view to lighten the apparatus, we pierce it with holes. To give them more of solidity, we strengthen them with steel supports, and border them with little metallic bands. Notwithstanding these precautions, these sorts of machines are imperfect. When you make the mould, you do it to hold the child immovable. But that immobility is not always preserved. The child moves its arms, respires more freely and strongly, coughs, etc., and all these movements make the apparatus mount upward toward the jaws.

The minervas are complicated apparatuses, difficult to place, to suitably arrange which, a perfect interpretation of mechanics, and a certain practical knowledge, is necessary. Well designed and well executed, they are capable of rendering undoubted service. We know a great number of minervas. The two principal are those of Delacroix constructed on the suggestions of Antoine Dubois, and that of M. Cottin, made after the directions of M. J. Guérin. An attentive ex-

amination of these apparatuses shows the differences in their mechanism, and consequently their action.

Minervas are composed ordinarily of three parts: a dorsal, a cervical and lastly a cephalic part. The first constitutes, properly speaking, a base of support. It is formed sometimes of a dorsal demi-cuirass, sometimes of a median support riveted to a stiff belt. Sometimes the dorsal piece resembles a cross, the horizontal branches of which correspond to the shoulders, on which it is fixed by bands. The cervical part is attached to the dorsal cuirass, or continues with the median support either directly, or by means of a movable joint. It fits ordinarily the contour of the neck, that is to say, it curves inward, and prevents a mechanical arrangement intended either to extend the neck or to permit it to have movements of rotation. The cephalic part is the most important, and demands all the attention of the manufacturer and the surgeon. It is that part above all that surgeons and orthopædists have materially modified. Sometimes it is formed of a demi-casque, embracing the occiput and the lateral parts of the head. It is articulated to the median support by means of a mechanism serving to place the head in any determined position.

At other times the cephalic segment is formed of two branches articulated to the cervical part. They mount up on the sides of the head and jaws, and are so fixed by well stuffed cushions. Finally, there is a rigid or elastic sling attached to the prolongation of the median support itself, and moulding on the parietes of the cranium in the same manner as the rest of a casque.

The cephalic portion, in all cases, is arranged by a more or less complicated mechanism, and restores the head to an opposite position to the pathological direction. As you may understand, gentlemen, in order that this result may be obtained, it is necessary that the instrument shall be well made; it is necessary further that it shall be especially manufactured for the patient, to whom it shall be applied. Otherwise it is badly adapted, has a defective function, and is torturing to the patient. If ever you employ these apparatuses, examine with minuteness all the points that bear on the salient portions of the head and the face, without which you may have to fear disagreeable accidents.

In regard to the minerva of M. Cottin, Fig. 5, we would say it is formed first of an abdominal belt; second, of a scapular belt; third, of a capuchin hood, made of two large plates that surround the occiput, and uniting in front on the plane of the forehead, embracing the cheeks and inferior maxilla; a metalic upright, composed of several pieces placed behind, and corresponding to the vertebral column, and joining these three girdles. Its articulations possess the same movements as those of the collar and the minerva of Delacroix. By means of a key we augment or diminish the lateral inclination, the anterior inclination, etc. The mechanical arrangement, the pressure of which is gradual, is also easy. However, it requires a long time to construct them perfectly, and consequently they are very dear. It is only the rich who are able to procure them.

At the Orthopædic Hospital at London they employ an apparatus quite as ingenious, and enjoying the same movements as the two precedingly described minervas.

We have had recourse also to another apparatus, composed of two branches of unequal length, which are crossed as the blades of scissors, the enlarged extremities of which are applied to the lateral walls of the head at different heights—at the summit of the head of the diseased side, on the cheeks of the healthy side. But its application necessitates the employment of a certain force, and, therefore, it exercises a very painful pressure, by reason of the multitude of nervous filaments which it is found it compresses. This species of orthopœdic apparatus, the minerva, has been greatly modified by different orthopœdists or mechanists. It will not be worth while I think, in the way of your instruction to indicate to you all of them. I will speak only of another apparatus, which, by its disposition, may give good results in practice. I speak, gentlemen, of the apparatus of Jorg. It is composed of a leather corset and rigid band, well stuffed, buckled around the head. At the anterior and middle portions of the corset is found a plate of metal with a movable joint attached to a metallic stem or spring; from this diverge the tractors, which are attached to the cephalic circle. By means of a key we fix the spring and the tractors, and bring the head in a more normal position.

You see, gentlemen, that to arrive at good results you will have several obstacles to overcome, obstacles which revive with each new

patient. You will have individuals of different ages affected with torticollis, whose forms will be very variable, requiring special dynamic conditions. From that cause we are necessitated to arrange for each patient a particular apparatus. Some of them will not answer the purpose; may occasion pains, torture, fevers, and also convulsions. On the other hand, besides the question that all your patients are not opulent, you will often be delayed by orthopædists. It will be necessary, then, to inquire if there is no other method to relieve these deformities.

In slight cases, in those that are described under the name "torticollis des petits-maitres," we may apply a band of adhesive plaster around the head, and another around the body, which will furnish two points d'appui. With the aid of a band or buckles, passed between these two circles, it is easy to give to the head its normal attitude. This bandage is removed easily, as we are obliged to reapply it frequently.

Gutta purcha is also serviceable. After having cut a piece of convenient size, we soften it in warm water, and then mould it on the neck. A compress saturated with cold water is then thrown on the gutta percha, which will make it harden very quickly. But that dressing is not more exempt from faults than the preceding. Its principal advantages are that it is accessible to every body; that it may be renewed or modified according to the new conditions imposed by the changes supervening in the different positions of the head. Paste-board may, in the same way, replace the leather mould and the gutta percha. Finally, if you possess mechanical notions, if you have at your service an intelligent workman, you may perfect these apparatus according to circumstances, by appropriating them to the indications that you may find in the attentive study of the facts.

Communications.

A CASE OF SUPURATIVE HEPATITIS SUCCESSFULLY TREATED WITH THE MURIATE OF AMMONIA.

By Dr. L. G. Alexander,
Of Calhoun, Kentucky.

In the London *Lancet* for August, 1870, there is an article on the treatment of hepatic disease, by W. Stewart, M. D., the reading of which brings to mind some notes of a case of supurative hepatitis treated in like manner by myself with this salt, when other remedies commonly used in this disease had had no appreciable effect in staying or relieving the symptoms; and thinking that it may prove useful to the profession, I am induced to give an outline of the case, and the marked good effect of the ammonia in producing absorption of the abscess and subsequent recovery of the patient case.

July 6th, 1869, I was called to see F. R., æt 9; I found the patient laboring under a very high fever, and complaining of pains of a dull, heavy aching character in the right hypochondriac region; hot skin; great thirst, scarcity of urine, and from the previous history, evidently of a remittent character; there was well marked fullness of the hypchondriac region, from enlargement of the gland, and the area of dullness on percussion was rapidly increasing. The pain was greatly increased on pressure, or deep inspiration or cough. There was inability to lie on the left side; there was little or no discoloration of the conjunctiva; urgent dyspnœa; cough and vomiting; there were no pains in the shoulder or scapula, but severe pains in the head; the bowels were confined; tongue, dry and heavy, coated with a brownish white fur, thick, and the patient protruded it with difficulty; the urine was clear, though very irritable, and pain was complained of on the least movement in the various parts. On inquiring I found that the patient had been having intermittent fevers, from which he had recovered. The situation was on the border of a swampy creek bottom. The parents supposed this to be a return of the intermittent, and had administered quinine. I pronounced it a case of hepatitis, and of a very grave character, as the patient was much debilitated.

I put him on a supporting plan of treatment. There being a torpid state of the colon, and there being no dysentery present, I began by giving him a powder containing calomel 4 grs., and same quantity of pulv. rhei, to be repeated in 5 hours, with the idea of increasing the circulation through the portal capillaries; and then by diminishing the congestions in the capillaries of the hepatic artery, I directed in conjunction with this 3 grs. of Dover's powder every 4 hours, with the idea of determining to the surface, and relieving pain; a large flaxseed poultice to be applied to the left side, and

if the bowels fail to act in 10 hours, one-half ounce of castor oil. After the bowels acted the following mixtures to be given alternately with the powders, nitric æth. ʒss, tinct. digitalis, viij. ♏. every 4 hours, patient to be confined to bed, and have beef-tea. Saw patient 24 hours after.

July 7.—Found fever somewhat subsided, but area of dullness increased. The fullness more prominent, the cartilages erected, the chest about the fifth rib having the appearance of being sunken or depressed, and complaining of a lancing pain in this region, evidently evolvement of the pleura and convex surface of the liver. Some scanty mucus, very tough, was brought up. Bowels had been opened twice. Skin had been moist for a short time, and strong evidence of a remission of the fever; pains in the head relieved. Ordered pulv. Dover every 4 hours, combined with rhei iij gr., nitric æth. ʒiij, vini colchici ʒj—dose 40 ♏. every four hours.

July 8.—Found the patient in same condition; ordered medicine continued.

July 9.—Somewhat better; treatment continued.

July 10.—Fever lower; no remmission; complains of chills; evidently supuration going on in the gland; tongue dry and brown, evident-

bordering on typhoid; urine high colored, diminished in quantity; pain in voiding it; bowels somewhat active, of a dysenteric character; cough dry; pain in side somewhat relieved; ordered tr. opii 3 ♏., castor oil, ʒj.; enemas (of starch; a mixture of tr. opii nitric ether; vin. ipecacuanha, alternately every 4 hours, with tr. chincho. ʒ, iodid. of potassa, gr. 24; teaspoonsful every four hours; milk punch frequently; poultice to be kept on abdomen as often as there was tenderness complained of.

July 11.—Symptoms about the same; medicine continued.

July 12.—Complains of throbbing pain in right lobe; nausea, some vomiting; fever somewhat higher (from the punch); continued medicine.

July 13.—Supuration going on in the gland; ordered nitro-muriatic acid and bark; pain to be relieved with full doses of opium; the bowels to be moved with oil and milk punch frequently.

July 14.—No improvement; medicine continued.

July 15.—Patient emaciates visibly, and is evidently is losing ground; bathed in cold perspiration; tongue very brown and furred; pulse, 140 weak; urine albuminous; complains of little or no pain; chronic rheumatism. As my patient had evidently received no benefit from the preceding remedies, I determined to try the ammonia treatment, having followed for ten days the usual treatment. I ordered muriate of ammonia 5 grains, ʒij. of tr. sarsaparilla every four hours, and 3 grains of Dover's powders every four hours; milk punch and beef tea; bran poultice to bowels.

July 18.—Found patient a little improved; passed an increased quantity of urine; skin slightly moist and warm; pulse, 105; breathing less oppressive, and seems to notice things; can put out tongue, which is not so dry, though dark brown; expectoration more copious and raised easily; bowels soft; medicine to be continued as before.

July 20.—Patient much improved.

July 22.—Patient decidedly better; bowels moved; urine more copious and light colored; pains dull and aching; no abatement of the swelling.

July 24.—Pains in side much relieved; looks much better; cough troublesome; sleeps well; pulse, 98. Ordered Port-wine and flax-seed tea, and to continue the ammonia.

July 26.—Complains of increased pains in side. Ordered hop poultice, and five grains of Dover's powder, with other medicine as before.

July 29.—Patient improving; indications of swelling gradually diminishing; medicines to be continued; iodine to be painted over side.

August 2.—Hectic fever; expectoration of thick mucus of a white cottony look, evidently due to bronchial irritation. Ordered the ammonia to be given in tinct. of bark, Port-wine, and beef-tea.

August 9.—Enlargement rapidly decreasing; some appetite, took a little tea and cracker with relief.

August 10.—Can take a deep breath; slight cough; can sit up in bed; complains of very little pain; medicines continued. From this time forward he continued to improve until, five months after, when I saw him, he was a strong, hearty lad, with little or no enlargement, but some deformity in the region of the fifth rib.

At this date, January, 1871, there is no indication of any disease, and he is the picture of health.

The good effects of the ammonia were evident from the second dose. The gradual

giving away of the bad symptoms I think were entirely due to its therapeutic effect. It increased the amount of urine, and the active state of the secretory glands were due to it. The general warmth of the system it produced had the effect to tranquilize and relieve the nervous system. It evidently acted on the absorbent system so as to cause an absorbtion of the effused matter, thereby acting as an alterative, which I have ever found it to do in such cases, stimulating the absorbents, relieving congestion of the tissues of the lung as well as the liver and kidneys.

In conclusion I will say that the field for the application of this medicine is large, and its careful use in congestive and supurative diseases of the parenchymatous structure of the above named organs will, in the majority of instances, prove an important adjunct to their successful treatment, and in many it will prove a specific.

Hospital Reports.

UNIVERSITY OF PENNSYLVANIA.

Service of J. E. Garretson, M. D. Lecturer on Surgical Diseases of the Mouth.

February 8, 1871.

[REPORTED BY DE F. WILLARD, M. D.]

Cheiloplasty.

Gentlemen:—The case now before you has been sent a long distance to our Clinic, even from beyond the Mississippi, and it will be our province to-day to devise some method for his relief.

Many years ago this man was the victim of that fell disease, syphilis, and worse than this, was treated in accordance with the then prevailing ideas, with excessive and continued doses of that dangerous drug, mercury, until at last his constitutional force, though normally of medium strength, could withstand the two poisons no longer, and ulceration occurred, destroying, before it ceased its ravages, not only portions of the hard and soft palates, septum nasi, turbinated bones, etc., but also a large portion of the soft tissues of the cheeks, lips, and even neck.

The cicatrices of these extensive sloughs you will see upon every part of his face, but what renders the case more pitiable and uncomfortable, is the condition of the oral cavity, owing to the loss of the lower lip, and the consequent open condition of the vestibule, permitting the constant escape of saliva upon the bosom, and exposing the entire teeth and gums, thus causing a most hideous deformity.

Not only is there loss of substance, but the mouth, as well as the face, is distorted by the contraction of the cicatrices, so that prehension and mastication are performed with difficulty, especially as additional trouble is occasioned by the loss of the hard and soft palate. Now, at first view, it would seem almost impossible to benefit this man, for it is evident that nothing less than a plastic operation would be of any benefit, and the immense cicatrization would seem to preclude such an attempt, yet I have hopes that we shall be able to obtain tissue for such an operation if we are careful in the selection of our flaps.

Plastic surgery, gentlemen, opens to you a field for the exercise of great ingenuity and the display of all your mechanical and artistic powers. You can follow no fixed rules, but must work upon general principles, studying each indication to be fulfilled, and each method which proposes itself for the accomplishment of each purpose. You must remember that new tissue is to be substituted for that which is lost, and that it must be transplanted and made to live in its situation, a procedure which will necessarily require healthy material as the first element of success. Moreover, this new tissue must come from parts adjacent to the injured portion or from a member, as the arm, which can be placed in association with such part. You must give the flap a good base of supply, looking toward some large artery, if possible; you must make it of sufficient size to more than cover the part, in order that there be no stretching, and also to allow for contraction; you must make it of such shape that it can be adapted to its new position; and lastly, you must properly adjust and fasten it in such a manner that the natural condition of the parts will be as nearly as possible attained. You must also be extremely careful that a healthy, fresh surface shall be obtained at the old seat of disfigurement, in order that union may readily occur.

These are the principles upon which you are to work, and having given you these, I have really said all that I can tell you; the rest must depend upon yourselves. Of course, you will be benefited by a study of all the illustrations and suggestions which have been made upon the subject, but you will soon find that no two cases are precisely alike, and each will require a method of your own devisement; and it may also be well for you to remember that the final desired result may not be possible at one operation, but must be relieved by progressive steps.

Before commencing any such operation the whole plan of procedure, with its successive steps, must be thoroughly decided upon in your mind, for if this precaution is neglected you may commit some irreparable mistake in the midst of its per-

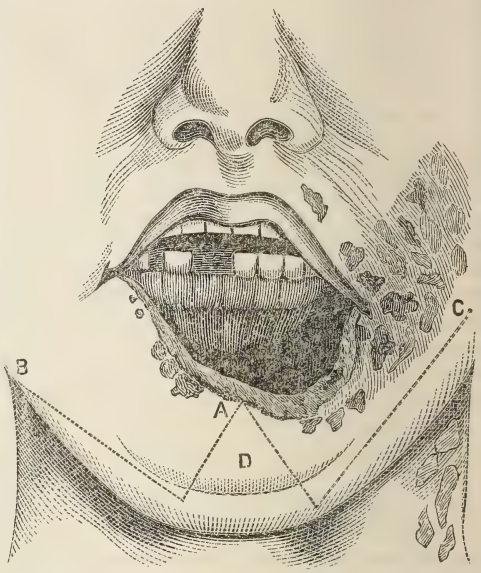
formance. First of all should be mapping out, upon the face, the lines of incision, either in ink, or better, by a nitrate of silver point, always allowing for about one-third shrinkage of the skin, and much ingenuity will be required to form this flap of such shape that it can be turned and fitted to fulfil its new requirements.

Now in rhinoplasty, or the formation of a new nose, the flap is usually taken from the forehead and turned down to cover the missing organ; or more rarely from the arm, the Taliacotian operation, this member being held in position by appropriate apparatus until union is complete, when the pedicle is separated and the nose is nourished from its new source of supply. In operations upon the lips, however, the structures about the lower part of the face and upon the neck, are so freely movable that we can usually take our flap from the immediate neighborhood, following, in a general manner, as far as practicable, Dieffenbach's principle of turning mucous membrane over upon the skin, to form the border of the new lip. In the present instance I think that we can obtain our flaps from this tissue upon the side of the jaws, making the incisions, as I will show you upon a diagram. You will see the cicatrical tissue upon the cheeks, lips, nose and neck, but the vitality seems still to be sufficient to warrant a prospect of cure, especially as his health (a circumstance which should never be overlooked), is in excellent condition, and the sloughing process was arrested many months ago. You notice how entirely the lower lip is absent, how the teeth project in their bareness, how all the parts are densely contracted and bound down to the maxilla, and how the left oral angle is pulled aside by the contraction.

Now, can we fill all this vacancy? I think so, for all the parts in this region are quite movable. How shall we do it? Do just as I told you a few moments since, sit down and study the requirements—map out the normal lips in your mind's eye, and make accurate calculations as to the size and shape of the tissue needed to replace the lost portion.

We could take a flap from the neck and bring it up into this position, but I think there is a still better way.

I take this pen and mark upon the face what you see in the diagram, for our incisions. One line will commence at A; will run downward and outward to the point on the chin where the base is directed backward, then along the base nearly to the ascending ramus to the letter B in the diagram. The other will exactly correspond upon the opposite side to C. Now, when we make these incisions down to the bone and dissect the flaps AB and AC *freely* up throughout their whole extent from the maxilla, do you not see that they can easily be carried upward and forward to be united at the normal median position of the lower lip, thus covering in the lower teeth and giving a good lip provided we can compel them to unite properly? The promontory D will assist in filling this space, and the only places which will be denuded will be upon the sides of jaws, in a position where granulations will soon spring up and leave but little deformity.



I said we would cut down upon the bone as far back as the angle, but if we should do this the facial artery would necessarily be severed, a circumstance which would be dangerous to the vitality of our flaps in this cicatricial condition; we shall, therefore, cut through skin and superficial structures down upon the artery, but not through it, which we shall be able to do if we are careful of every stroke. Should we accidentally injure it, of course it would be easily secured, but it behooves us to use extreme care, since the life-giving principle to our flaps must come through this channel, thence through the inferior labial branches chiefly, since the inferior coronaries are undoubtedly largely destroyed by the sloughing action. We may have some difficulty from the saliva, but the supine posture will obviate much of this annoyance. You will see that the left oral angle is drawn aside and downward to such a degree that an additional operation will be necessary to bring it into its proper normal condition. It must be drawn upward or "taken in," which will necessitate the removal of a triangular piece from the upper lip, and approximation of the cut edges, all of which we shall do at one operation.

I again review the case, observing it from various positions, but can suggest no better mechanical means for its relief; in fact, I think those proposed

will be all sufficient. Having made our flaps, an accurate adjustment is necessary, which we shall accomplish by the use of the common hare-lip-pin and suture, taking especial care that the pin at the border of the new lip shall be properly inserted. Adhesive strips will be added to lend their support, and the dressing will consist of either warm or cold water, according to the arising symptoms or accidents. Liquid food and absolute rest will be essential for several days, and particular attention must be paid to keeping the parts free from saliva.

This operation will, I am sure, be more applicable than that of Tallemand, where the flap is taken from the front of the neck, or of Chopart, where vertical cuts are made from the angles of the mouth and the flap slipped upward after a free dissection from the bone. In either of these methods cicatrization is liable to produce evulsion, while here the central triangular promotory, D, will do much to prevent such contraction and consequent deformity. This process of subsequent contraction is the great obstacle in the way of successful treatment of all deformities arising from destruction of tissue, whether occasioned by salivation, burns or any other cause, the disposition of this *tissu inodulaire*, being ever to condensation, thus reproducing the abnormal condition.

The subject of transplantation of structure for the relief of loss of tissue has recently received fresh impetus from the experiments which are now being tried, and the cases which are reported in the journals, both of our country and on the other side of the Atlantic, in relation to the growth of an island of fresh skin placed upon an ulcerated surface without the support of a pedicle, being obliged to obtain its nourishment directly and immediately from the part itself, a procedure the general utility and application of which is still under advisement. Now it may seem strange to you that blood vessels (and without these life and nutrition cannot exist) should so quickly form, and truly the whole method of formation of these vessels in new tissue is simply wonderful, being indeed but an instance of a law wider than the grasp of science; a law that expresses the Creator's will for the recovery of all lost perfection.

The support of such a piece of transplanted skin, or in fact the occurrence of immediate union in the case of any transplanted flap, necessitates the rapid passage of vessels across the intervening space. The formation of such vessels cannot, perhaps, be better understood than by viewing them as an *outgrowth* or development from the vessels already formed, in the manner demonstrated by Billroth. (*Untersuchungen über die Entwicklung der Blutgefässe*, Berlin, 1856.)

At some point on an already existing vessel the wall dilates—a pouch is formed; it deepens, and a blind canal results, while at the same time, at a point not far distant from the first, a similar action is going on: one diverticulum projects backward, the other extends toward it, each taking their course in the direction of the new material to be nourished or formed; they extend, meet; the intervening walls which closed their ends are removed, and a continuous arch is formed through which the blood freely courses. Thus at any point these little offshoots, microscopic in their size, unite with a similar one from the same or adjoining vessels, until multitudes of little arches and mutual anastomoses are formed and nutrition accomplished, all with precision, regularity and dispatch. Thus marvelous are the actions constantly taking place in our bodies to subserve the process of repair, and although man's capacity for the reproduction of large losses of tissue is infinitely less than in the lower beings, yet there exists in all the same wonderful reparative power. As we descend the scale to creatures incapable of self-defense or self-preservation, this provision for the sustenance of existence becomes more marked until, as in Protozoa, self-destruction or separation is but a common occurrence in case of danger, repair being so active that a short time suffices to replace any portion of the body that may be cast off.

In man, who possesses the power of reasoning and defense, such provision is of less importance, and repair exists in its least expression, still with the advance of knowledge we may hope to assist nature even in this process, as exampled, for instance, in the production of bone from rescued periosteum.

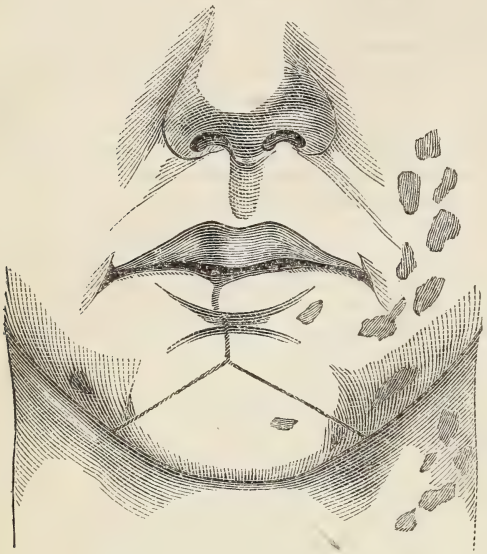
Such, gentlemen, are a few of the thoughts that enter my mind as we stand before the case. Let us now act.

[The patient being etherized, the incisions were then made as shown in the diagram, the flaps A B and A C being first freely dissected from the bone, and then slipped upward and forward until they were easily united at a point corresponding to the normal median position of the lower lip. The facial artery was exposed, but being carefully avoided escaped injury, a most fortunate circumstance, as afterward proved; for when the piece came to be removed from the upper lip in order to properly arrange the left oral angle, the pedicle to the flap upon that side was rendered somewhat scanty and narrow. In a few moments after being properly adapted to its position by pins, it became cold and livid, placing its safety somewhat in jeopardy.

In two hours it was perfectly black, notwithstanding the free use of hot water and hot bottles to the part; the contained blood was apparently stagnant, and sloughing seemed most probable until the expedient of free puncturing and scarification was adopted, thus artificially relieving the congestion and causing considerable improvement in its temperature. In a few hours more the same plan was repeated with happy results, and a continuance of the same for two days at varying inter-

vals placed the whole flap in excellent condition, and union progressed most favorably and rapidly.

The saliva interfered with, but did not prevent, the adhesive action, and the result has been most satisfactory, as may be judged from the accompanying cut.



Stimulants and tonics were not neglected during the treatment, and support was well maintained until union was perfect.—De F. W.]

Medical Societies.

OHIO STATE MEDICAL SOCIETY.

April 4th, 1871.

By John A. Little, M. D., of Delaware, Ohio.

[reported by J. W. HADLOCK, M. D.]

Antagonistic Powers of Opium and Belladonna.

Owing to the limited extent of my personal observations upon this interesting and important subject, it is with much hesitation that I attempt to make a report thereon.

Believing, however, that even one marked case in one's personal experience, when fully sustained by the statistics of many other cases of equal authenticity, ought to have weight in influencing the opinion of the profession, I submit the following report:

I do not propose to advance any new ideas, or to advocate any new theory upon this subject. The evidence before the profession is sufficient, I think, to warrant the assertion that there is a well marked antagonism between these two remedial agents.

My effort shall be, by the statement of a few interesting cases to so impress the mind of the profession with the value and importance of the fact, that in cases of emergency they will have confidence to act promtply and efficiently, and with a feeling of assurance of success, even in cases which, under other circumstances, would be utterly hopeless.

There are but few occasions more trying and embarrassing to the physician than those of poisoning, whether it be the result of accident or of suicidal attempt. The knowledge of, and the possession of, eliable antidote, lifts a mountain of responsibility from his shoulders.

It is entirely unnecessary on this occasion to give the botanical history and therapeutical action of these medicines, for with these we are all supposed to be quite familiar. As to the *modus operandi* of medicines, I believe we are still considerably in the dark. There is much speculation upon this subject, also a great deal of theory and guess work. Some things we do know from experiment, which we do not accept as facts. For instance, it has been pretty well demonstrated that opium is a narcotic and produces sleep, whilst belladonna is a delirient, and is not apt to cause sleep.

Moreover, that opium produces relaxation of the capillary blood-vessels, whilst belladonna contracts the same. Opium seems to exercise its greatest influence upon the nerves of organic life, thereby producing a slow pulse and slow respiration; also contracting the iris.

On the contrary, belladonna acts directly upon the nerves of animal life, increasing the frequency of the heart's action and the respiration, and causing dilatation of the iris.

It is easy to see how chemical poisons may be antidoted by chemical processes; one by combination with another producing a third, which is either inert or innocent.

It is not so easy to understand how one vegetable medicine, whose action is probably entirely upon the nervous system, should be antidotal to another whose action is essentially in the same direction.

This, however, appears to be the case in these two remedies. Hoping that the report of a few characteristic cases will satisfy the profession as to the fact of the antagonism of these two medicines, I will proceed to relate them as concisely as possible.

The first will be a case of opium poisoning:

At half-past nine o'clock P. M., on April 11, 1870, my friend, Dr. I. H. White, called hurriedly at my office for a stomach pump.

On inquiry, I found that two hours before two-thirds of a teaspoonful of laudanum had been given to an infant not quite four months of age, in mistake for Winslow's syrup. It was an hour after it was given before the error was discovered.

Dr. White found the babe quite narcotized, but still able to swallow. He had for an hour endeavored with ipecac., tartrate of antimony, and sulph. zinc, to produce emesis, without success. He had

given remedies to as full an extent as he thought safe.

I told him that the time for evacuants of that kind had passed, and that as the poison was already absorbed, and was then going the grand round of circulation, the stomach pump would be of no avail. He must antidote the poison. He asked what would answer that purpose. I assured him that belladonna would do so.

We immediately visited the patient. It was comatose, though not to such an extent but that it could swallow the antidote. Had it been so, I should have resorted to hypodermacy. The surface was cold and pallid, and the respiration slow. The pulse too feeble to be counted. The pupils were contracted to a small point. We gave at once fifteen drops tinct. belladonna. After the expiration of fifteen minutes, being unable to see any effect from the antidote, the dose was repeated. In another fifteen minutes there was a slight dilatation of the pupil observable, and the temperature of the surface was better, as was the respiration also. Still we gave a third dose of fifteen drops. We then waited half an hour, when dilatation was so decided and consciousness so much improved that I felt confident the babe was safe.

Still, to make sure, I gave fifteen drops more, and told the parents they could take the babe to bed with perfect assurance of its safety.

I called the next morning and found the patient perfectly well, with the single exception that the pupils were dilated to the full extent. I have no doubt that its vision was much disturbed, though it was not old enough to tell us so.

No other medicine was given. If there is no antagonistic or antidotal property in these two medicines, it would be very interesting to know what became of that large dose of laudanum. It is certain that not a drop of it was evacuated.

Also it would be interesting to know how an infant of less than four months of age could take, in the course of one hour, sixty drops of a good tincture of belladonna with perfect impunity.

Dr. G. R. PATTON, in the *Lancet and Observer* for June, 1859, reports the case of a lady to whom, at 3 o'clock, P. M., of April 10th, he gave two grains of morphia hypodermically for severe neuralgia. He says that in less than five minutes all pain had subsided and there were decided symptoms of narcotism. In ten minutes her case was altogether alarming—pulse, 30; respiration, 10; profound coma; pupils contracted. Between artificial respiration, electricity and atropia, he chose the last. Deglutition being impossible, he at once gave one-sixteenth of a grain of atropia hypodermically.

After waiting a few minutes, and observing no effect, he injected another 1-16 grain. In five or six minutes he found that the pulse could be counted, the respiration more frequent, the pupils dilated a little, surface becoming warmer, but insensibility still complete. He then injected another 1-16 of a grain of atropia. In fifteen minutes afterward the pupils had dilated to a mere rim, and there was a partial return to consciousness. By ten o'clock she was comfortable, but feeble, and by two o'clock the next morning she was well.

He very properly remarked that "the antagonistic action of opium and belladonna is now so clearly recognized that we may, with great confidence, have recourse to either one as remedial to the effects of the other, in any case in which a poisonous dose has entered the circulation."

Dr. C. C. LEE reports in the *American Journal of Medical Science* the case of a child, æt. two years, to which laudanum had been given in an unknown quantity, probably for the purpose of infanticide. He says: "Enough, however, had been swallowed to render a fatal prognosis almost positive. The tincture of belladonna was instantly given, in doses of fifteen minims, repeated at intervals of twenty minutes, until four doses were taken. Soon after the fourth dose the child exhibited every sign of the first stage of belladonna intoxication. The medicine was discontinued, and soon the child was, to appearance, well. No vomiting or other disagreeable sequels occurred.

Prof. WILSON, of the Woman's Medical College, at Philadelphia, relates a case of poisoning by repeated injections of sul. morphia in $\frac{1}{4}$ grain. He says: "Within a short time after receiving the last dose, which must have been somewhat larger than the preceding one, she became comatose, with a suffused and purple countenance; stertorous respiration; contracted pupil, and complete insensibility. One-quarter grain of atropia was administered hypodermically. The pupils were quickly (almost instantly) fully dilated, with complete insensibility to light; the stertorous breathing ceased, and was replaced by quick, hurried, almost gasping respiration. Symptoms of belladonna poisoning were well marked. I have no doubt that the antidote had been administered more freely than was necessary. Nevertheless, the patient made a rapid and perfect recovery."

Dr. M. S. BUTTLES relates in the *Medical Record* of August 15, 1868, a case occurring in his own practice, which shows the efficacy of belladonna in cases of poisoning by opium. He had in the course of twelve hours given two hypodermic injections of morph sul. of $\frac{1}{2}$ grain at each time. Within thirty minutes after the last injection the patient was narcotized.

The respirations were but seven to the minute; no pulse at the wrist; pupils contracted and extremities cold. Atropia was administered hypodermically, two doses of 1-6 gr. each, with an interval

of half an hour. In less than one hour consciousness was restored and the patient out of danger.

Dr. B. F. Reynolds, of Fulton, Pa., reports in the Med. & Surg. Reporter for Aug., 1868, an interesting case in which a mother had given, by mistake, from half to three-fourths of a teaspoonful of laudanum to an infant but five weeks old. He gave fifteen drops of tinct. belladonna at intervals of a few minutes. The babe was saved.

Dr. Norris, of Philadelphia, reports in the *Am. Jour. of Med. Sciences* a case in which, as near as could be estimated, the patient had taken seventy-five grains of morph. sulph. In the course of five or six hours fifty grains of ext. belladonna were given in connection with other remedies. The next day the patient was well.

Dr. Norris, also, in the same paper, gives in tabular form the history of ten cases of opium poisoning treated with belladonna. He states the amount of opium nine had taken; the condition and age of the patient; the amount of belladonna given, and the result. There was only one fatal case. This is sufficient for opium poisoning.

I will now invite your attention to a few cases of belladonna poisoning treated by opium. This is of much rarer occurrence, partly because it is not so much used medicinally, and never, to my knowledge, for suicidal purposes. It is generally the result of accident. Children are often tempted by the mottled appearance and flavor of the berries to eat them.

Sometimes collyria made from atropia or extract of belladonna are taken in mistake for other medicines.

Dr. Hering, in 1868, relates the case of a child three and a half years old that swallowed a solution of one grain of atrophia in three drachms of water. Vomiting occurred, and very promptly symptoms of poisoning.

A subcutaneous injection of $\frac{1}{8}$ gr. of morphia was promptly practiced.

Very soon a decided improvement in the condition of the child took place. The pulse fell at once from 160 to 120, the respiration from 32 to 28. By the end of 45 minutes consciousness and speech had returned. In a few hours the child was fully restored, with the exception of some dilatation of the pupils, which continued a few days longer.

Dr. Lee, in the *American Journal of Medical Sciences*, relates the case of "a child æt. 6 years, to which had been given in mistake for syrup of rhubarb, a drachm of buccus belladonna, an unofficinal preparation, very concentrated and only used in collyria. The characteristic symptoms of belladonna poisoning almost immediately appeared, the child's face became scarlet, and she tottered insensible to the floor."

Dr. Lee says he "was immediately sent for, and found the flush on the face deepening to a scarlet hue; the eye fixed and staring; the pupils dilated to the utmost; tongue, dry; pulse, slow and bounding, and the child almost comatose. Seventy drops of laudanum by the mouth, and the same by the rectum were simultaneously given, and at intervals of half an hour the dose of twenty drops was repeated until the little patient had taken one hundred and twenty drops in all. After the third dose the pupils began strongly to contract; the purple hue of the face to fade, and in three hours the child was well and running about the room."

Dr. Norris, in his table of cases, before referred to, gives the data of fourteen cases of belladonna poisoning treated by opium, all but one of which were cured; in this case the pupils remained dilated; in all cases that recovered the pupils contracted before sleep. He also gives a record of four cases of poisoning by atropia, all of which were cured.

Many other cases are on record, but these I believe to be sufficient to demonstrate conclusively the mutual antagonistic properties of these two medicines.

If this is true, it is a matter of importance that it should be fully appreciated by the profession. The idea of this antagonism is not of recent date. I find that many years ago it was acted upon to a certain extent.

There seems to be among the profession some degree of timidity in regard to the use of belladonna. It is apt to be looked upon not only as a very potent, but also as a very dangerous remedy. Compared with opium I believe it quite safe. The poisonous effects of opium come on so insiduously, and their approach is so gradual, that they are often not detected until there is complete narcotism. It is not so with belladonna; the largely dilated pupil and the erythematous rash give warning in time.

One reason why those who unsuccessfully have attempted to antidote opium by belladonna or, *vice versa*, is, that their dose of the antidote has been far from commensurate with the amount of poison taken. It is of importance to approximate as nearly as possible to the amount taken and regulate the antidote accordingly.

It must be constantly borne in mind that poisonous doses of one must be met with equally poisonous doses of the other, in order to be successful. It is clearly proven that one which in ordinary circumstances would be poisonous, is not only innocent but salutary when there has been a poisonous dose of the other taken.

If these characteristic cases which I have related will contribute to satisfy the profession of the value and importance of the subject, and tend to inspire confidence in this mode of treating poisoning by these drugs, the object of this report will be fully accomplished.

ANNUAL MEETING OF THE MEDICAL AND CHIRURGICAL FACULTY OF MARYLAND.

April 4.

The Medical and Chirurgical Faculty met in annual session at the Faculty rooms, 60 Courtland st., New York.

Dr. N. R. SMITH, President of the Society, took the chair at 12 M. and called to order. About fifty of the members of the Association were present, and the hall being small there was some difficulty in finding seats. The Secretary, Dr. H. M. WILSON, read the minutes of the last semi-annual meeting (held in Cumberland). The report of standing committees being the first business in order, Dr. JOHN F. MONMONIER reported for the Executive Committee. The report was confined principally to financial affairs. At the close of last year the balance in the treasury was $2,960; the amount received during the year was $338; current expenses, $570. This Association has an indebtedness of $3,500, balance due on building.

The Treasurer, Dr. KINNEMON, made a report, embodying substantially the same facts as presented in the report of the Executive Committee. The Memorial Committee reported the death of two members of the Society since the last annual meeting, Dr. COHEN, of Baltimore, and Dr. JAMES BORDLEY, of Centreville. A memorial paper, giving a brief historical sketch of Dr. Bordley, and warmly eulogizing his virtues as a man and his skill as a physician, was read by Dr. GILMAN. This memorial sketch was prepared by Dr. C. C. COX, of Washington. Dr. JOHN MORRIS also read a memorial sketch of the personal and professional life of the deceased, prepared by Dr. WROTH.

Dr. DUNBAR, who had been appointed to prepare a memorial paper commemorative of the life and character of Dr. Cohen, deceased, being prevented by sickness from being present, Dr. N. R. Smith delivered a short eulogy upon his deceased professional brother, with whom he had been intimately acquainted for forty-four years. In the course of Dr. Smith's remarks he took occasion to lay before the society some facts connected with the use of hydrate of chloral, which he thought worthy of the attention of the medical faculty. Dr. Cohen, an aged man, who died some weeks afterward from acute bronchitis, presented himself to Dr. Smith for treatment. He had a singular ulceration of his fingers, particularly around the nails. Both hands were similarly affected, from which Dr. Smith inferred that the disease was constitutional, and that there must be some poison in the blood. The patient told him that he had been using the hydrate of chloral for three or four months to induce sleep. After ten or twelve days' treatment the affection subsided, and Dr. Smith saw nothing more of his patient for about three weeks, when he found him in an almost moribund condition from acute bronchitis. He lived but forty-eight hours afterward. Whether this disease was developed by the hydrate of chloral he would leave the faculty to judge. Dr. Smith also mentioned the case of a young lady whose hands were ulcerated in precisely the same way. She, too, had been in the habit of taking hydrate of chloral to induce sleep. The disease yielded under treatment prescribed, and the young lady is entirely well.

Dr. CURREY, from the Committee on the Library, made a report, which on motion was recommitted with instructions to report what additional legislation is necessary to prevent a conflict of jurisdiction between the committee and any other officer of the Society.

Dr. E. F. Cordell, the Librarian of the Society, submitted a report, which shows that at the time he took charge there were 1,200 volumes in the library, most of them exceedingly ancient, and none of them later then 1855. After some time spent in arranging the books and preparing a catalogue, the library was opened, September 1st, 1870. The standard medical journals are kept on file. The publishers of most of these periodicals gave them to the Society at half price. The Baltimore *Medical Journal* is furnished by the publishers free of cost. The library is but poorly patronized. The receipts from all sources were $22.20; disbursements, $10.

On motion of Dr. MCKEW a vote of thanks was tendered to the editors and publishers of the Baltimore *Medical Journal* for their courtesy in presenting a copy of each monthly number to the library free of charge.

Dr. P. C. WILLIAMS, chairman of the Section on Practice, made a short verbal report, the purport of which was that it was impossible for him to get a quorum of the section. Dr. Morris had prepared a paper on Scarlatina, which would be read hereafter.

Dr. Williams subsequently gave notice of an amendment to the by-laws, by which the Section on Practice will be required to prepare a *resume* of the experience of the several members during the year, to be presented at the annual meeting.

On motion of Dr. Howard, a committee of three was ordered to be appointed by the Chair, whose duty it shall be to devise ways and means by which the Society can be relieved from debt.

On motion of Dr. H. M. Wilson, it was ordered that the Society meet at five P. M. to hear the annual oration of Dr. J. F. Monmonier, and at nine P. M. to attend the banquet given by the city members to their brothers from the country. Half-past twelve o'clock to-morrow was fixed as the time for hearing papers on subjects appertaining to the theory and practice of medicine.

On motion of Dr. Wilson, the vote by which the by-law making the President and Vice Presidents of the Society ineligible for a second term was reconsidered.

The question then recurring on the by-law, it was so amended as to make the President and Vice Presidents ineligible for more than two successive terms. An effort was made to substitute three years for two years, but the amendment was voted down.

Nominations for officers being in order, Dr. Edward Warren nominated Dr. N. R. Smith for President.

There being no other nomination, on motion Dr. Charles Ohr was directed to cast the ballot of the Society for Dr. Smith.

Dr. P. C. Williams, Prof. Francis T. Miles and Dr. Charles Ohr were elected Vice Presidents.

Dr. Henry M. Wilson was elected Secretary, Dr. W. G. Register Assistant Secretary, and Dr. Judson Gilman Treasurer.

At 5 P. M. the annual address was delivered by Dr. John F. Monmonier.

A banquet was given in the evening by the city members of the society to the country members. At 10 P. M. the dinner was served. About fifty gentlemen of the medical faculty participated in the banquet to the extent of eating a "square meal," and about one-fourth of that number made speeches by way of an agreeable dessert. Dr. Smith presided. Professors Chisholm, Miles and Donaldson, of the Faculty of the Maryland University, were present, and Professors Warren and Chancellor, of the Washington University.

SECOND DAY.

Dr. Charles Ohr, of Alleghany, First Vice President, in the chair, Dr. N. R. Smith, the President, being absent. The attendance was not quite so large as on the preceding day, although the number in the hall was about equal to its capacity.

The chair announced the following standing committees for the year:

Executive Committee—Drs. J. F. Monmonier, J. H. Currey, J. A. Stewart, P. S. Kinnemon and John Morris.

Committee on Library—Drs. McKew, J. R. Uhler, S. F. Powell, W. C. Kloman and A. F. Erich.

Committee on Memorials, Publications and New Member—Drs. T. S. Latimer, Dougherty, C. Johnston, G. Lane Taneyhill and W. J. C. Du Hamel.

Committee of Honor—R. S. Stewart, D. A. O'Donnell and A. Hartman.

Examining Boards—Western Shore—Drs. A. P. Smith, Edward Warren, J. J. Chisholm, H. R. Noel, G. L. Robinson, C. W. Chancelor, J. J. Cockrill. Eastern Shore—Drs. Wroth, Dawson, Earle, Dickon and Bailey.

Delegates to American Medical Association—Drs. N. R. Smith, John Morris, D. A. O'Donell, C. H. Ohr, J. J. Chisholm, G. W. Wayson, H. R. Noel, E. L. Howard, H. M. Wilson, R. H. Sterling, D. McKew, A. P. Smith, T. C. Maddux, G. L. Taneyhill, Dougherty, Wilhelm, G. E. Porter, A. Hartman, Healey, Hildman, Ward, Cockrill, Monmonier, Jones, Cordell, Donaldson, Piet, Du Hamel, Powell and Coleman.

The therapeutic use of hydrate chloral, incidentally mentioned on the first day's session by Dr. Smith, was discussed at some length by Drs. Ohr, Maddux, Garretson and Morris.

The regular order for the day being demanded, Dr. Jones read an interesting paper on "Compulsory Vaccination," which was referred to Committee on Publication.

Prof. Miles introduced three of his patients, small boys, who are afflicted with a rare disease known in the books as "Duchenne's Paralysis." They came tumbling into the room, falling down every few steps, and when lifted up would make an effort to balance themselves and maintain an upright position by spreading out their feet and throwing forward their chests, but by the time they would make a straddling step or two forward the treacherous legs would give way, and down they would go again, generally falling forward on their hands, and imitating in their motions the little automaton acrobats that are sold on the street corners. The kind hearted professor kept picking them up and helping them along until they reached the table in front of the President's desk, and then it was pleasant to see the enthusiasm with which he explained the peculiar affection from which they suffered, which he called "acute muscular sclerosis." With the utmost tenderness of manner to the boys, he exhibited the limbs which refused to perform their proper functions. The calves of the legs were greatly enlarged, but to the non-professional eye there was nothing else about them to indicate deformity or weakness. The boys blushed a little, but seemed to be pleased rather than otherwise, and to enjoy the sensation their legs created among the doctors. They appeared to be perfectly happy, and entirely unconscious of the hopeless condition in which the terrible disease has placed them, and its inevitable result.

When the professor touched on this part of the case he used technical language, which was all Greek to the poor little fellows, who sat smiling at their novel position while the dreadful prophecy was being pronounced over their heads. They appeared to be in good health otherwise, and had rather intelligent faces. Professor Miles handled them as a mother would an infant; and while there was kindness and sympathy in his tones when speaking to his patients, there was what might be called professional

exultation in his diagnosis of the disease from which they suffered.

Dr. Edward Warren introduced a patient to show a peculiar splint and bandage, invented by himself, for fracture of the clavicle, by means of which the edges of the fractured bone are held firmly together, and at the same time the patient can use his arm feely, feed himself and even perform light labor (writing for instance) while the knitting process is going on.

Prof. Warren also referred to three cases in which he had successfully performed the operation of external perineal urethrotomy. In the one case the natural channel for the urinary secretion had been entirely closed for more than two years, a fistulous opening being the only outlet. After years of suffering this man was restored to health and happiness by the above named operation.

The second case was similar to the first, except that it was rather worse, the unhappy sufferer having become almost a Pariah in society. This man is now rapidly recovering.

Dr. Morris had brought this case to the notice of Dr. Warren, and knowing the condition of the patient and the wretchedness from which he had been relieved, he pronounced the operation as one of the most splendid on record, and warmly commended the courage and skill of Dr. Warren in performing.

Dr. George L. Robertson reported some cases of successful surgical operations.

Prof. Chisholm read an interesting paper on the "eye," and gave an account of a number of operations performed by himself at the Lombard Street Infirmary. Prof. Chisholm recommends the prompt removal of an eye that has lost its sight as soon as the remaining eye shows the least sign of sympathetic affection. The wound heals in a few days, and the cure is instantaneous. An artificial eye can be inserted which can scarcely be distinguished from the natural one.

At 3 P. M. the Society took a recess till 5 P. M., when the session was resumed.

The Convention having reassembled, Dr. P. C Williams, Vice President, in the chair, Dr. Uhler exhibited an apparatus for the manufacturing of oxygen gas, now used by some practitioners in the treatment of certain diseases of the throat and chest.

The names of Drs. Arnold and Morgan were added to the Committee on Library. Dr. Currey, from Committee on Library, submitted a revised report, which was adopted. Dr. Howard offered a resolution, which was adopted, requesting the Corresponding Secretary to notify the chairman of each section that he is expected to make a report at the annual and semi-annual meetings.

Drs. Cordell, Gilman and Register were appointed a committee to make out a correct list of the members of the Association.

On motion, it was ordered that the Executive Committee decide the time and place for the holding of the semi-annual meeting, and give due notice thereof.

Dr. Gilman moved that the transactions of the Association be published, which motion was amended to the effect that the Committee on Publication furnish to the Baltimore *Medical Journal* such of the papers read at the meeting as they may think worthy, and in this form the motion was adopted.

Dr. Ohr reported an interesting case of cystic ovarian tumor and granular degeneration of the kidney that had come under his professional notice. Dr. Dougherty made some observations relative to the same case.

Dr. Monmonier, from the Special Committee on Finance, made a report, which was adopted. The Executive Committee were ordered to pay off the mortgage debt on the building at maturity.

A special meeting, for the purpose of disposing of some property, will be held on the 21st instant.

Vice President Williams, acting as President, appointed the following gentlemen on the respective sections:

Surgery—Drs. Chisholm, Johnston, A. P. Smith, Dunbar and Friedenwald.

Practice and Obstetrics—Drs. Warren, H. M. Wilson, Morris, Page and H. P. C. Wilson.

Materia Medica, etc—Drs. Chew, Garretson, Van Bibber, Cockrill and DeRossett.

Anatomy and Physiology Drs. Milles, Chancelor, Noel, Monmonier and Latimer.

Meteorology, etc—Drs. Currey, Aitken, Register, Kloman, and Byrd.

Psychology and Medical Jurisprudence—Drs. Arnold, Howard, Taneyhill, Hartman and Uhler.

Association adjourned *sine die*.

Editorial Department.

Periscope.

Disinfecting Cotton.

It has long been known that the best disinfecting agent for wounds, cancers, ulcers, and decaying animal matter, is the permanganate of potash. Dr. Fresenius possesses a method for applying it, which seems to overcome many of the difficulties hitherto felt in practice, and this consists in saturating gun cotton with a solution of the permanganate of potash. The gun cotton is not decomposed by the manganese salt, as ordinary cotton is, but seems to

expose and keep the greatest amount of surface for the action of the disinfectant. Bandages of the gun cotton thus saturated with permanganate of potash can be readily applied, and in cases of open wounds, cancers and the like, must prove very acceptable to surgeons. The gun cotton is harmless as long as it is wet, and is an article that can be obtained in any quantity since its great use in photography. Permanganate of potash must be applied in solution in order to be effective, and is an agent that ought to be more generally known and applied in this country than it has hitherto been.

The External Use of Digitalis.

Dr. FUSSEL says in the *Brit. Med. Jour.*: From my experience, any doubt as to the efficacy of the external mode of employing certain drugs arises from its imperfect application. Ordinary fomentations, as recommended by Christison (*Dispensatory art. digitalis*), exert but little power. In August last I saw a severe case of renal dropsy (in consultation with Mr. Butler, of Guilford), in a gentleman from whom he had removed a great part of the inferior maxillary bone, which was necrosed. From various causes, no good results could be obtained from the internal administration of medicines. I advised the application of one ounce of the tincture of digitalis sprinkled over a large piece of spongiopiline wrung out of boiling water. This was applied in the evening. During the night there were excessive vomiting and occasional syncope. Mr. Butler was called early in the morning, and found the patient pulseless and in a state of great prostration. After the free administration of brandy, he rallied.

To confirm the supposition that the severe symptoms arose from the digitalis, in the course of a week I asked Mr. Butler if he would administer half an ounce in the same way, but he declined, alleging his conviction of the powerful effects of the drug thus used. Cases are reported by Dr. Reynolds and Mr. Jenkins, in which poultices of digitalis leaves, applied to the abdomen in "suppression of urine," gave the most satisfactory results. In our case, there was little or no diminution of the fluid from the one application. In a case of severe abdominal pain, arising probably from a cancerous state of the bowel, I am using the wet warm spongio-piline bandage, sprinkled with tincture of aconite and solution of opium. It gives great relief.

The Earth Closet System.

We had occasion, says the *Journal of Applied Chemistry*, during the summer, to subject the earth closet system to a thorough test, and are so fully convinced of its practicability and efficacy that we deem it our duty to publish the results of our experiments. We prepared the earth by passing it through a sieve, such as masons use, and allowing it to dry in the sun. A few minutes sufficed to get ready enough to last a week, and, as we used the same earth over again five or six times, the labor and trouble of this part of the operation was very slight. We had a self acting seat, and a hopper large enough to hold dry earth sufficient for a week's supply for a family of five persons. The tank under the seat was made of wood, on runners, so that it could easily be run out into a wheel-barrow, ready for dumping. A more convenient method would have been to put this on wheels, ready to remove to the shelter for drying. When the tank was full it was emptied upon a floor under an open shed, and in a day or two the earth was usually sufficiently dry to be employed again. After the earth had been used five times it had the odor of guano, but was not in the least offensive. There was not the least smell observable in the closet, so that we had it constructed under our piazza, and could have used our commode in any apartment of the house without the slightest inconvenience.

So far as disagreeable smell is concerned, we did not fully appreciate the great advantages of the earth system over the water closets until we came to town, and we should be glad to be able to use earth in the city on the score of its freedom from the unhealthy smell that attends the employment of water, if it could be obtained from dealers, and could be called for by the drivers of ash carts. We have no doubt that, in the course of time, dry earth will be substituted for water in a majority of our best city houses. The open privy system of the country is the occasion of so much sickness, and is such an unmitigated nuisance, that it ought to be prohibited by law. It poisons the air, fills the well water with organic matter, and produces fevers and cholera. There is really no valid excuse for not introducing the earth closet system in the country, and we are of the opinion that nothing but ignorance stands in the way of its universal adoption.

Reviews and Book Notices.

NOTES ON BOOKS.

Dr. JOSEPH JONES, Professor of Chemistry in the Medical Department of the University of Louisiana, is preparing a series of "Medical and Surgical Memoirs." This work will embrace the investigations of fifteen years into the causes, geographical distribution, Natural History and Treatment of Intermittent, Remittent and Congestive Malarial Fevers, Yellow Fever, Typhoid and Typhus Fevers, Small Pox, Spurious Vaccination, Measles, Pneumonia, Diarrhœa, Dysentery, Scurvy, Tetanus, Cerebro-Spinal-Meningitis, Diseases supervening upon Gun-Shot Wounds, Pyæmia, Hospital Gangrene, Erysipelas, etc.

The results of the investigation of the diseases of the Confederate Army, during the American Civil War, 1861-1865, will occupy a prominent portion of the Work.

These investigations have been prosecuted unremittingly during the past 15 years; and the author proposes to lay the results before the medical profession, as soon as a sufficient number of subscribers have been obtained.

MEDICAL AND SURGICAL REPORTER.

PHILADELPHIA, APRIL 22, 1871.

S. W. BUTLER, M. D., D. G. BRINTON, M. D., Editors.

☞ Medical Society and Clinical Reports, Notes and Observations, Foreign and Domestic Correspondence, News, etc., etc., of general medical interest, are respectfully solicited.

Articles of special importance, such especially as require original experimental research, analysis, or observation, will be liberally paid for.

☞ To insure publication, articles must be *practical, brief* as possible to do justice to the subject, and *carefully prepared*, so as to require little revision.

We particularly value the practical experience of country practitioners, many of whom possess a fund of information that rightfully belongs to the profession.

The Proprietor and Editors disclaim all responsibility for statements made over the names of correspondents.

ITALIAN PHARMACY.

It is important for the physician who travels, and interesting to him who stays at home, to know something about the mode of prescribing, and kindred arts, in foreign countries. In a recent number of the *Chemist and Druggist*, we have a sketch of the apothecaries of Italy.

It appears that pharmaceutical organization in the Italian peninsula is chiefly based on restrictions limiting the druggist to a certain number of inhabitants. In the larger cities, however, it is evident that these restrictive measures do not militate against a large *clientèle*, and that such handsome shop-fronts as Grove's or Robert's at Florence do attract not only all the tourist custom, but also win a considerable amount of patronage from the local *élite*. It is worthy of remark, and applicable to most continental pharmacists, that all the handsomest and best-thriving drug-stores are in the hands of Englishmen, or are managed by them. Sinimberghi's *farmacia* at Rome, and several of the English shops at Nice, are more elaborately and expensively fitted up than any in London or Paris.

The Italian legislature does not permit a druggist to open a shop in a village containing less than 1,500 inhabitants without some exceptional reason, such as extreme distance from a large town, or a general petition from the villagers. A second shop cannot be established unless the population should exceed 3,000, and 6,000 is the regulation number to support three pharmacists.

The Councils or Boards of Health are entrusted with the care and supervision of these regulations; and when a druggist wishes to establish himself he must forward to headquarters a certificate from the local administration, exposing all the reasons and requirements necessitating such a step.

The Minister does not give the requisite authorisation until he has consulted the Medical Council of the province and the superior Board of Health. Should a pharmacist wish to transfer his place of business to another town, or even to a different house in the same town, he is obliged to undergo all these formalities. Even then, he cannot open his businsss till the authorities have duly inspected and reported it "conveniently installed with a laboratory provided with all necessary apparatus and utensils."

To become a pharmacist in Italy there are four principal clauses: 1st. The title of pharmacist, a diploma obtainable at any university. 2d. To have attained the mature age of twenty-one. 3d. To furnish a guarantee proportionate to the importance of the place in which you intend practicing. 4th. A certificate of good character. This last clause may appear strange to those not acquainted with Continental customs, but, in some countries, even a baker cannot set up without very strong attestations regarding his morals; and in the little *livrets* recently abolished in France, which every workman and *employé* carried with him, ambiguous or mediocre testimonials frequently got the owner of them into trouble with commissaries of police, at any change of residence or employer.

When the owner of pharmacy dies, the price of the business is settled for the heirs by the Board of Health. The government tolerates the establishment of private religious drug stores for the hospitals, convents, etc.; but the recommendation of the head Board is required.

Italian pharmacists are bound to make all officinal preparations according to the Italian Pharmacopœia. The price of medicines is fixed by special commissioners appointed by the Government, who not only accord a very large profit on the simple drugs, but take into consideration the time and skill required to produce any compound preparation, such as syrups, tinctures, etc. The Pharmacopœia is revised every ten years by the chief Board of Health, and the tariff once in three years. The Board is composed of a president and four councilors named by the Government,

who visit, twice a year, all the pharmacies in the capital. The provincial pharmacists are inspected by special delegates appointed by the council of five, who swear them in for four years at a time. Every pharmacy is visited at least once a year. The inspector, accompanied by a local physician, a magistrate or mayor of the town, generally proceeds to examine the storing of the poisons, which are ordered to be kept under lock and key. After peering into a few ointment jars and smelling one or two tinctures, exchanging a few compliments, and signing the prescription book, the inspection is generally over. In all the royal custom-houses, importations of drugs are examined by specially-appointed inspectors, who reject, and order to be destroyed, any that may be adulterated or deteriorated.

The laws relating to prescriptions and dispensing are so very similar to those in force in nearly every country, that it would be superfluous to enumerate them; there is, however, one peculiar clause, as follows: "When a physician or surgeon prescribes a medicine of his own composition, which is not in the Pharmacopœia, the pharmacist must send, within a month, a copy of the formula to the Board of Health, to be examined and taxed." And again, in the last clause of the Italian Pharmaceutical Act, we find a decree, "That all fines are to be applied to the Universities, reduction being made of one-third, which, shall be paid to the *informer*." A very favorite method of prescribing powerful medicines is to order granules containing one milligram of some alkaloid. Syrups, too, are largely used.

Notes and Comments.

Protection Against the Mistakes of Druggists' Clerks.

The bill in relation to licensing of drug clerks in the city of New York, which has received the approval of the Governor, directs the Mayor to appoint, before the 1st of June, a Board, consisting of one skilled pharmaceutist, one practical druggist, and two regular physicians, to hold office during the pleasure of the Mayor. These shall choose a practical druggist as Secretary. This Board shall examine and license all druggists now employed or hereafter to be employed as clerks in drug stores. At the expiration of six months from the organization of the above Board, any unlicensed person who shall make up a physician's prescription shall be deemed guilty of a misdemeanor, and shall be liable to a fine of not more than $500, or to imprisonment of not more than six months, or both. The salary of the members of the Board shall be fixed by the Board of Supervisors, but shall not exceed $2,500 per

Death of Von Niemeyer.

Dr. Felix Von Niemeyer, director of the medical clinic of the University of Tübingin, died there on the 14th of March. He was the most celebrated teacher of clinics in South Germany, and most of the medical Professorships of South Germany were held by his pupils. His "Lehr-buch der Pracktischen Medizin" (Elements of Practical Medicine) has been translated into six languages, and was published last year by D. Appleton & Co. His death was probably accelerated by the ardor of his services during the late war, at Metz and at Nancy, where he was employed as consulting physician. As an acknowledgement of his faithful performance of duty, he received the Iron Cross a few days before his death.

Staining Wood.

A fine stain can be imparted to furniture made of beech or pine in a very simple manner. Dissolve three ounces permanganate of potash and three ounces sulphate of magnesia in two quarts of hot water. Apply this to the surface of the wood with a brush, and repeat if necessary. The manganese salt is decomposed in contact with the fiber of the wood, and a fine, permanent stain is produced. If the objects are small a more dilute bath can be prepared, and the wood immersed in it for one or five minutes, until it is thoroughly stained.

Correspondence.

DOMESTIC.

Treatment of Epilepsy.

Eds. Med. and Surg. Reporter:

Inclosed you will find a case of epilepsy successfully treated with the tinct. root aconite, and whose previous history is as follows:

Andrew E., æt. 19; stout, robust young man; a farmer. I learned from his parents that he received a blow on his head at eight years old, which was thought to be a mere trifle; when nine years of age he was taken with epilepsy—the paroxysms occurring at intervals of from two to four weeks. He had, at the same time, a violent case of dyspepsia, attended with constipation. I was called to see him in June,

1868. I found him with a paroxysm. I learned the state of his bowels and concluded the epilepsy was caused by indigestion, therefore I prescribed the following pill:

R.	Nux vomica,	gr. 30.
	Soc. aloes,	ʒj.
	Pulv. rhei.,	aa.
	Pulv. ipecac,	gr. 10. M.

Make pills lx. Sig.—One every morning and increase to one twice a day.

After taking these pills he was relieved of constipation and I thought of epilepsy. One year from the time I first saw him he came for more pills, on account of constipation, yet he had no return of the epilepsy. I gave them to him as before, with advice to call again if not relieved. I heard no more of him until the 20th of March, 1871. A messenger came stating that Andrew had a "fit." (It had been nearly three years since he had the last.) I hurried to the scene of distress and found my patient suffering with "fits" at intervals of every two hours. He had four before I arrived. I ascertained the condition of his bowels and prescribed epsom salts, three drachms, cream-tartar, one drachm, to be given immediately; also a nauseant dose of ipecac. The purgative acted. The ipecac. produced the desired effect without any relief. I then gave bromide pot., 30 gr., every two hours for twelve hours, without relief. I tried the following named remedies in succession for four days without relief: Sulph. zinc, oxide zinc, tar. emetic, morphine hypodermically, hydrate chloral, wet cups, blisters and hot baths. He still retained a full, bounding pulse. The carotid arteries seemed to resist any amount of pressure.

Finally, I concluded to try aconite in ten drop doses every two hours, until the pulse were reduced to fifty beats per minute (my catalogue of remedies having been exhausted). He was relieved after the second dose. The carotids gained their normal attitude; pulse became soft and regular; skin moist, and a refreshing sleep supervened. I continued the aconite at intervals of four hours—then ter die. He expresses himself as feeling much better after each dose, and is now (five days from the time I commenced the aconite), convalescent. It is the first time I have ever used the remedy and think it deserves further trial.

If this communication proves of value enough to be inserted in your widely circulated journal, I would be pleased—should others try it—to have them report their experience. I am not prepared at present to comment upon the case, on account of time; therefore, I will submit the facts as they are, and if you desire it, let you hear from the case again. I have other cases of epilepsy, which I intend trying with the same remedy.

Very respectfully,

SAMUEL L. RAINES.

White Haven, Tenn., March 29, 1871.

Case of Peritonitis from Vaginal Injection.

EDS. MED. AND SURG. REPORTER:

On the 27th of February I prescribed for Mrs. M. for leucorrhœa and general debility. Ordered citrate iron and quinine, in tr. card comp., and gave her some powders of tannin and acetate of lead to be added to a pint of water, and used as an injection into the vagina, morning and evening. Saw her again about the 8th of March, very much improved in health, with good appetite and leucorrhœa very scanty. To continue medicine. March 12th was called in haste; found Mrs. M. suffering very greatly. On back; limbs flexed upon abdomen and unable to bear even the weight of the bed clothes. Pulse, 130; great thirst. Ascertained that she was as well as usual the preceding evening, until she used the vaginal injection. While she was using the injection she was seized with pain, and had to be helped to bed by her husband. The pain kept increasing until my visit of the 12th. I gave her opium and tinct. aconite, under which she gradually recovered. No digital examination was made. The probability is that the uterus would have been found partially prolapsed and the os patulous.

Is it not strange that such accidents occur so rarely, when the use of vaginal injection is so common?

THOMAS J. WHITTEN, M. D.

Irving, Ill., March 28th, 1871.

The Commissioner of Pensions.

EDS. MED. AND SURG. REPORTER:

At a regular meeting of the Fayette County, Pa.: Medical Society, held at Uniontown, Pa., the 4th of April, 1871, the following resolutions were adopted,

Resolved, That the policy adopted by Dr. VAN AERMAN, Commissioner of Pensions, in refusing to recognize homœopathists as competent to be appointed pension surgeons, manifests the true spirit of the medical profession, and it meets our most cordial approbation.

Resolved, That our Senators be requested to oppose the passage of the bill now before the Senate rendering homœopathists eligible as surgeons, thus placing them on an equality with the members of the regular medical profession.

Resolved, That a copy of these resolutions be transmitted to our Senator, and to the Commissioner of Pensions, and also that they be printed in the MEDICAL AND SURGICAL REPORTER.

Respectfully yours,

S. B. P. KNOX, M. D.,

Sec. of F. C. M. S.

NEWS AND MISCELLANY.

Lowndes County (Miss.) Medical Association.

In accordance with the notice given by a previous preliminary meeting, a portion of the Physicians of

Lowndes county met on Saturday, March 25th, 1871, at the office of Dr. Brownrigg, and proceeded to the organization of *The Lowndes County Medical Association*, by the adoption of the necessary coustitution and by-laws, and the election of the following officers for the ensuing year:

Dr. W. L. Lipscomp, President.

Dr. F. H. Ervin, Vice President.

Dr. J. W. M. Shattuck, Secretary.

Dr. B. A. Vaughan, Treasurer.

The regular meetings of the Association will be held at 11 o'clock A. M. on the fourth Saturday of each month.

Dr. A. C. Halbert was appointed essayist for the regular meeting in April.

Dr. A. W. Agnew, of Pickens county, Ala., was elected an honorary member of the Association.

The President was instructed to issue certificates of appointment to members of the Association who could attend as delegates to the State Medical Association to meet in Meridian on Monday, the 3d of April next.

The Secretary was ordered to publish in the city papers the time for the regular meetings, with an invitation to all physicians in the county to become members of the Association.

W. L. Lipscomb, M. D., Pres't.
J. W. M. Shattuck, M. D., Sec'y.

—— Here is a noteworthy specimen of medical prescriptions sometimes written by ignorant pretenders in our different cities. It is genuine:

℞. Fir Kramps.
Tinct. Kamfire, won ounce.
Tinct. Lodenum, a lit 1c.
Tinct. Hot drops, a few drops.
Tinct. Kyan pepar, 5 cents worth.
Kloreform, a little, but not mutch, as it is a dangerous medicine.
Dose, half teaspunefull when the Kramps cum on.

WORDS OF ENCOURAGEMENT.

Dr. J. M. A., Ind.—"The Reporter is just what every country practitioner needs. No one who reads it carefully and intelligently can become a fogy."

Dr. S. P. H., Mass.—"I think The Reporter is the best journal in the country."

Dr. W. G. B., Ga.—"I take pleasure in perusing your Reporter, and heartily congratulate you on its success."

QUERIES AND REPLIES.

Dr. W. T., of Mo.—Niemeyer's Practice costs $10.00. Bumstead on Venereal, $5.00. Lawrence & Moon on the Eye and Ear.

Dr. D. M. W., of Conn.—"Whose obstetrical forceps are the best?"

Reply.—We prefer Bethel's and Hodge's (for long forceps).

Dr. J. A. H., of Miss.—"What does a good microscope cost?

Reply.—A really good one costs about sixty dollars.

Drs. B. and H., of Ark.—"What are the relative merits of Lewis & Emmett's operations for Vaginismus?

OBITUARY.

DR. RICHARD P. TRACY.

Richard Proctor Tracy, M. D., of Norwich, Conn., died at his residence on the Town Green, March 17. He was born near where he died March 21, 1791. He, therefore, lacked only four days of being 80 years of age. He has always resided in his native town. His father was the celebrated physician, Philemon Tracy. Richard studied medicine with his father, received his degree from Yale College, and commenced practice quite young, so that he has practiced medicine nearly sixty years. He was never married.

His memory embraced everything that was ever brought to his attention. The writings of the great British poets were as familiar to him as the alphabet, and he would produce some apt quotation to illustrate his meaning in every turn of his conversation. He was a philanthropist, and it is said performed more gratuitous service for the poor than any man ever known in this part of the State. He goes to his grave with their blessings upon his memory. His quaint, earnest style of conversation, his personal eccentricities, his wise maxims, beautifully expressed, will live vividly in the memory of all with whom he ever associated. He died without an enemy in the world, and with him has died one of the last links that bind the present generation of Norwich people with the past.

MARRIED.

Ake—McKamey—February 21, by the Rev. N. G. White, Dr. Joseph H. Ake and Miss Rachel R. McKamey, all of Williamsburg, Blair county, Pa.

Alexander—McGaughey—March 15, by the Rev. J. Smith Gordon, R. M. G. Alexander, M. D., and Miss Mary J. McGaughey, all of Fannettsburg, Pa.

Bushbeck—Horner—April 11, by the Very Rev. C. J. H. Carter, Vicar General, Mr. Adolph Bushbeck and Agnes, daughter of the late W. E. Horner, M. D.

Chrystie—Ross—At St. John's Church, Fort Hamilton, N. Y., March 23, by Rev. H. E. Hovey, Dr. Thomas M. L. Chrystie and Julia A. S., youngest daughter of the late Prof. E. C. Ross, formerly of the U. S. Army.

Fulton—Haggin—In Louisville, on the 5th inst., by the Rev. A. T. Spalding, Pastor of Walnut street Baptist Church, Dr. H. T. Fulton, of Boone county, Ky., and Mrs. S. A. Haggin, of Memphis, Tenn.

Helm—Potts—On the 12th inst., at St. Mark's Church, Philadelphia, by the Rev. James I. Helm, D. D., Dr. William H. Helm, of Sing Sing, N. Y., to Annie L., daughter of the late Stacy G. Potts.

Nicholassen—Slocum—In Cincinnati, Ohio, April 1, at the residence of the bridegroom, No. 66 Dunlap street, by the Rev. J. M. White, Dr. F. A. Nicholassen, and Mrs. Mary Slocum, of Chicago, Ill.

Patterson—Jackman—March 28, near Connersville, Ind., by the Rev. C. L. Thompson, of Cincinnati, J. P. Patterson, M. D., of Cincinnati, and Miss H. F. Jackman, of Fayette county, Ind.

Watts—Pepper—At St. Mark's Church, in this city, April 11, by Rev. E. A. Hoffman, D. D., Ethelbert Watts and Emily, daughter of the late William Pepper, M. D.

DIED.

Dickson—In Baltimore, Md., March 12, Rebecca Charlesworth, wife of Dr. John Dickson, aged 37 years.

Dunn—In Newport, Rhode Island, February 26, Theophilus Dunn, M. D., aged 70 years.

Guion—In New York, on the 14th inst., in the 63d year of his age, Dr. Edward M. Guion.

Lawrence.—At Baltimore, Md., March 29, 1871, in her 46th year, at the residence of her mother, Mary S., wife of Dr. G. W. Lawrence, of Hot Springs, Ark.

Maris—At Philadelphia, March 14, Eleanor W., wife of Dr. Edward Maris, and daughter of Dr. Stephen Wood, of New York, aged 35 years.

Mitchell—In this city, on the 8th inst., in her 7th year, Clara Eugenie, daughter of Dr. George H., and Mary E. Mitchell.

Smith—In Brooklyn, March 31, after a painful and lingering illness, Joanna V., wife of Dr. D. E. Smith.

Stephenson—At Bedford, Ohio, March 27, Clara A. Stephenson, aged 13 years, 5 months, and 21 days, daughter of Dr. A., and Martha A. Stephenson.

THE
MEDICAL AND SURGICAL REPORTER.

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Original Department.

Communications.

CASES OF NON-PROFESSIONAL MALPRACTICE.

By Ralph S. Goodwin, M. D.
Of Thomaston, Ct.

The following cases occurring under my observations, and similar, no doubt, to many others which your readers could recall, show how silly people will often trifle with their lives by taking remedies recommended to them as sure and speedy cures by their kind and officious neighbors. Indeed, there is a class of people in every neighborhood who always know of a ready relief for every ailment, and delight in imparting their valuable knowledge to their suffering friends, with the most flattering testimonials, as to wonderful cures performed in cases where the doctors had failed.

CASE I.—DEATH FROM SWALLOWING SHOT.

Miss Mary C., æt. 18, was seized in the night of March 10, 1869, with what the messenger who summoned me styled a "horrid fit." On my arrival at her bedside I found her suffering from a series of epileptiform convultions most distressing to behold. Her mouth was covered with foam; the tongue mangled and bloody; the face livid and swollen; the eyes rolled up, glassy and staring; while the limbs were jerked about with the most frightful convulsive energy. In spite of all my most faithful efforts to relieve her from this pitiable condition, she sank soon into a profound coma from which nothing could rouse her, and died in a few hours.

Upon inquiry into her previous history, I learned from her friends that she had always been in good health, so far as they knew, up to the moment of this attack; that she had never been subject to convulsions; that she had been afflicted for a few weeks previous to her death with a succession of *boils*, for which she had been advised by some kind friend *to take shot;* that in pursuance of this advice she had swallowed two or three times daily a teaspoonful of number seven bird shot. To this absurd practice, in the absence of proof of any disease, I attributed her sudden death. Unfortunately, I could not obtain any autopsy. An examination of the urine gave no evidence of renal disease. So far as could be ascertained, she had persevered in taking shot for several weeks, which was undoubtedly the cause of her sudden death.

CASE II.—POISONING FROM EATING NUTMEGS.

Miss S., æt. 16, came home from the mill in which she was an operative, September 5, 1870, complaining of feeling ill. She lay down and immediately passed into an insensible condition. Being summoned presently, I found her breathing slowly and with some difficulty. She could not be aroused from this lethargic state, but lay with her eyes partly open and pupils moderately contracted. Her pulse was beating fifty per minute. I could learn nothing of her previous history, except that she had been usually quite well. Suspecting opium poisoning, I used remedies applicable in such a case. After a few hours, I was gratified to notice some improvement in my patient, and on the next day she had recovered so far as to be able to tell me the cause of her sickness. She stated that she had been advised to eat nutmegs for the improvement of her complexion, and that having tried the experiment on a moderate scale—one a day—for some time, without any appreciable result, she was led to believe that a larger dose might prove more effectual. She had eaten *four large nutmegs* within a few hours pre-

vious to her sickness. I am tempted here to conjecture that my success in the treatment of this case would not have been quite so good had my patient lived in any other State than Connecticut, where nutmegs are said to be more plenty than genuine.

CASE III.—ENTERITIS CAUSED BY TAKING IRON FILINGS.

I was called January 3d, 1870, to see Mrs. W., who was suffering from a violent attack of enteritis. She stated that having for some time previously felt the need of *something bracing*, she had been advised to procure some iron filings, and put them in a quart of hard cider, and take a tablespoonful three times a day. She had, in accordance with this advice, procured about half a pound of coarsely turned iron chips, mixed with iron filings, and having soaked them for a few days in a quart of cider, she began the use of the remedy as directed, faithfully shaking the bottle before dealing out for herself the dose. She had pursued this treatment only three days when my services were required, as above stated. Her attack was a very severe one, requiring many days for recovery, and in the absence of other exciting causes was directly attributable to the ingestion of considerable quantities of iron chips and filings, as above described. The fact that my patient's kind and neighborly advisor had, on a previous occasion, escaped after a similar test of her own digestive apparatus, was not to my mind sufficient proof of the want of connection in this case between the cause and the effect.

CASE IV.—AN INFANT POISONED BY THE USE OF A BELLADONNA PLASTER ON THE MOTHER'S BREAST.

This case, which I shall mention last, is still more aggravating, from the fact that the advice of a meddlesome old woman was followed in preference to that of the regular medical attendant.

In September, 1868, I was in attendance upon a married lady, Mrs. B., who had a fortnight previously given birth to a fine, healthy-looking male child. The mother being of a scrofulous diathesis, was now suffering from a swollen and painful mammary gland. I had given my opinion that suppuration was imminent and unavoidable. To promote this result I had prescribed warm fomentations and poultices, and the case was progressing as favorably as one of such an annoying nature can. At this time a kind neighbor stepped in, and by her advice a *plaster* was substituted for the poultice. This plaster was recommended very highly as a sure cure for broken breasts. So great was its reputed prophylactic power, that no breast to which it had ever been applied, *in time*, had ever been known to break. Several cases were recited in which its wonderful efficacy had been proven beyond all doubt. The plaster was pierced in its centre for the nipple, which the child was made to suck in order to keep the milk out. The child died suddenly in the night without apparent cause, about 24 hours after the plaster was first applied.

The following facts, which I noticed on being summoned the next morning, satisfied me that the child had been poisoned by the plaster. The pupils of the mother's eyes were dilated to their fullest extent, and did not contract notably when exposed to the stimulus of a strong light. She also complained of troublesome head symptoms. The plaster emitted a strong odor of belladonna, and it was found on inquiry to be chiefly composed of the extract of that drug, and stramonium. The child had been apparently well the day before, and had been very quiet all night. The mother becoming alarmed at its quiet demeanor, tried to rouse it, and found it dead. Whether it had swallowed some of the poison which might have been carelessly smeared on the nipple by the nurse, or had imbibed it through the mother's milk, which might have been poisoned by absorption through the skin, was a matter not easy to decide.

It may be interesting to know that the abscess formed in the lady's breast, as I had anticipated, pointed and broke in spite of the plaster. But this was because it had been applied *a little too late*, I suppose.

These cases and many others that any practitioner might recall from his experience, prove the folly of heeding the gratuitous advice which a particular class of people are fond of giving to their friends and neighbors. These people may be very good citizens, but in a sick room they are poor rubbish, and should be kept out as a sanitary measure.

WOMEN AS MEDICAL STUDENTS IN THE MEDICAL DEPARTMENT OF THE STATE UNIVERSITY OF IOWA.

By J. P. Farnsworth,
Of Clinton, Iowa.

I have long been of the opinion that the

questions of "Women as Physicians," and of "Women as Medical Students," might be left to settle themselves, and that, too, in a very easy manner for medical education more easily than for medical practice. Let the standard of qualification where it should be, and let the examination be what is required, and then admit all who come up to it, and pass all who are worthy. If women wish to take the course with the young men, exclude all that would be improper before young gentlemen, in classical departments, and in no respect, either vary or omit any theory from the proper course, or from the regular consideration of all subjects that belong to them.

The difficulties of such a line of proceeding, of having mixed classes, are in the imagination of the elder physicians, or in some objectionable habits that they have acquired, and do not exist in fact. When the women graduate and go into the world, they must accept the "wager of battle," where brains, and pluck, and endurance win; more especially where brains ought to win; and the world needs them too much to refuse them on account of distinction of sex.

The Medical Department of the State University of Iowa was opened last fall, and by law opened to students of both sex. All the other departments of the University are open to women, and the classical and scientific departments have a large number of women among them. They have passed up from the district and graded school, in mixed classes, to the University, and there is no novelty in the situation; so there was nothing very strange in a class of young men and young women going to the medical department.

The medical faculty were mostly new men, and the sight of eight ladies in a class of thirty-eight was more of a novelty to them, and with their early education and prejudices they were predisposed to look unfavorably on the prospect. The matter was considered, and it was decided to accept the situation; to be gentlemanly, and to enforce gentlemanly and civil conduct on the part of the students, and to make no variation in word or look, no matter what the subject was, or the occasion. The course went on.

Anatomy, surgery and physiology, and the other branches, came on in their regular order. Science is above vulgarity or prudishness. The women were ladies of refinement and cultivation as much as any in the State; the young men behaved with the same decorum that young gentlemen should in any school, and in a little time the professors had overcome the temptation to get off coarse jokes, or by word or look to intimate anything that was not warranted by science.

The benefit was mutual: the boys behaved themselves better than medical students generally do, both in and out of the lecture room; the professors were more earnest and decorous than many medical professors are, and the women were earnest and self-reliant without losing or compromising any womanly modesty or delicacy. Some discrimination was used in clinics, and visitors were, to a certain extent, excluded.

The dissecting rooms were separated by a hall, and were under the charge of a careful janitor and demonstrator. Work had progressed but little ways before the women petitioned to occupy the common room, as it was pleasanter, and more instruction could be given. A little later, having an extra subject, for which there was no class, one was formed of three young men and two women. The dissecting room was the most quiet and orderly one ever seen.

We may add that the women were generally as good students as any in the class, and could have passed as good an examination at the end of the term as any in the class. In one or two instances the physical force was not sufficient to do all the work required, and here, in this plan, is where the failure comes, and is one of the results that must often follow.

The noticeable difference in regard to the medical department over other medical schools was the better behavior of the boys, and absence of rowdyism and boorishness, that is considered almost a necessary accompaniment of a collection of medical students.

One experiment does not prove a rule, but this has been so satisfactory that we have every reason to expect it to be successful in the future.

The objections to mixed medical classes are inherent in the customs and habits of old schools, rather than in the question itself. The traditional rudeness and clownishness of medical men in their pupilage, which is handed down to them, and the coarse language and smutty stories of many of our best teachers, are subjects that could be reformed with much benefit to the profession, but are difficult to

reform in old institutions, but need not come into a new institution, and does more to settle the question than any other argument.

Whether women have the physical or mental power to study medicine and practice it by the side of men, is a question that they must work out; but that there is any objection to their having a fair open field to try it in, or that it will injure the profession or the sex, I do not for a moment believe.

We expect a large class of students of both sexes next fall. We also expect that a larger proportion of the women will fail physically and mentally than of the men. We expect better attention and better behavior than is usual in medical schools, and that there will be no reduction in the standard of requirements, but rather an elevation of them, and an elevation of the morals of the students, and that the vexed question is very easily and satisfactorily settled.

CASE OF INTUSSUSCEPTION.

By William Faulkner, M. D.,
Of Waterford, Pa.

In the summer of 1845 I was called into the country to visit a child seven months old. The mother said that it had been a healthy child, and about four hours before she had been playing with it, tossing it up and down in her arms, when it suddenly began crying, and within an hour its bowels moved very freely. After a short time it vomited—pain in the meantime quite severe—and before I had reached it had had two or three small discharges of mucus and blood. I found it fretful; pulse somewhat accelerated; skin hot and dry; bowels seemed to be tender, but not swollen; could not discover any hardness, and thought it must be a case of simple gastro-intestinal irritation, and prescribed accordingly, with the promise to see it again next morning, and was not a little surprised upon reaching my little patient to find it in "extremis." It was evident I had been mistaken in my diagnosis. A *post-mortem* revealed it a case of invagination, about eighteen inches of the ilium was forced into a space of four or five inches.

In January of 1847 I was called to see a Mr. S., æt. 38; farmer; in care of Dr. P., a competent physician, who gave me the following facts: Nine days before, while walking over rough, frozen ground, he suddenly felt a severe pain near the naval on the left side. He soon sickened at the stomach and vomited, and very soon followed five evacuations from the bowels, the first two of which were fæcal; the others were mucus and blood; pain continued, severe; vomited at irregular intervals; pulse became frequent, and bowels tender upon pressure. The doctor had remained with him almost constantly, combating symptoms of inflammation, and trying to move his bowels by every means in his power (as he expressed it), and had failed. The vomiting had been troublesome throughout the nine days, and had, the day before my visit, become stereoraceous; his active symptoms had abated; there was less pain and tenderness, but great exhaustion. Believing the case to be one of intussusception, I suggested to place the patient upon an incline plane, head down, and fill the lower bowels to distension with warm water. This was put into practice, and as the water was carefully pumped into the bowels he complained bitterly of pain at the seat of obstruction, and when nearly four quarts had been used, he gave an exclamation and called, urgently, for the vessel; said he felt it give way. When placed over a vessel his bowels moved copiously beyond anything I had ever witnessed; he became very faint, and it was only by change of position and the most assiduous use of restoratives that he revived. His bowels proved to have been very much injured, and it was a year before he fully recovered.

In June, 1851, I was requested to see a little girl five or six years of age, under the care of Dr. E., of Meadville, Pa., who was an experienced and competent physician. The child had been taken suddenly ill five days previous to my visit, and to describe her symptoms would be to repeat the above descriptions. The same treatment was advised and acceded to, and it was with the greatest difficulty that we successfully resisted her efforts to force the water back past the instrument; and we made, at short intervals of rest, three attempts before the obstruction gave way; her bowels then moved very freely, and she made a fair recovery.

I think that the symptoms, as well as the results of treatment, indicate these cases to have been cases of invagination from above downward; and were I to have another case of the kind, I would, before using the water,

give a full hypodermic injection of morphine, upon the same principal that I use it in strangulated hernia, or in luxations of difficult reduction.

Hospital Reports.

UNIVERSITY OF PENNSYLVANIA.

Service of Prof. D. Hayes Agnew, M. D.

February 8, 1871.

[REPORTED BY DE F. WILLARD, M. D.]

Bursal Tumor of Hand.

Gentlemen: The first case this morning is one which was operated upon last fall, but now comes back with a return of the difficulty, due to an insufficiency of the inflammation to close the sac, since she was unwilling to have a seton introduced.

The tumor is situated on the back of the hand, directly over the tendon of the extensor communis digitorum, and is undoubtedly a *ganglion*, as it is called in surgical language.

It is the analogue of the affection which I have before described to you, the housemaid's knee, and like it, is filled with synovial fluid, fibrine, etc., and sometimes even contains those peculiar, loose, irregular-shaped, white bodies, concerning whose composition and mode of formation there have been various opinions. They are probably not organized bodies, but consist of pure, amorphous fibrine. I would refer you to a paper by Lebert in the C. R. de la Soc. de Biologie, t. iv, p. 89, for further information in regard to these curious growths.

These synovial cysts evidently originate in subacute inflammation, the result either of continued irritation from pressure, blows, etc., or from excessive action of the tendons, as in those whose fingers are constantly in motion, in which latter case these bursæ appear to be the cystic transformations of the cells inclosed in the fringe-like processes of the synovial membranes of the sheaths, although the actual pathological condition is difficult to accurately determine, owing to paucity of afforded opportunities for study. They may be formed in somewhat the same manner as Rokitansky has shown in the cysts of the choroid plexus, which are formed in the villi appended to the margins of this plexus, the villi being of nearly the same constituent structures as the processes of the synovial fringe in the hand. In either case the contents of the abnormal cysts are similar to the fluids secreted by the fringes in their normal state.

The increased amount of serous effusion will necessarily form a soft, fluctuating tumor, until distension shall be so great as to stretch the sac, when it may become as hard as a fibroid tumor. Gosselin has shown that these "ganglions" may be more than mere distension of the sheaths, being sometimes also formed by obstruction of the mouths of follicles, which normally open into the cavity of the joint, and might properly be called, in such cases, "subsynovial cysts."

Others (and truly I think) regard the condition as one of partial hernial ectasia of the sheath of the tendon, with dropsy, the sac-like protrusion on the side of the sheath being filled with an abnormal amount of the synovia, thickened so as to become of jelly-like consistency. Virchow reckons these hypersecretions of serous sacs among the tumors. (Exudations—cysten.)

The size of these ganglions varies from that of a kernel of corn to that of a small egg, being usually easily diagnosed by their soft, elastic, movable character, and freedom from pain or discoloration of the skin. The fibrine-kernels can often be discovered by the friction sound which they occasion during the movements of the tendon, especially when they are in large numbers. They are sometimes in such quantities as to interfere with the evacuation of the sac, even after puncture.

You will so often meet with these ganglia, that their *treatment* becomes a matter of much importance, especially since improper means may result in long or even permanent stiffness of the hand. At first you may try local applications of iodurettted collodion, pressure, iodine, mercury, etc.; but an operation will probably become necessary for its cure. The most common mode is *rupture*, the contents escaping into the subcutaneous connective tissue, and being absorbed; but this is often ineffectual, since union of the ruptured sac soon occurs, and a reproduction of the difficulty ensues. This rupture may be produced by firm pressure of the thumb, or by the quick blow of a book (a Bible was formerly used) or of a broad-faced hammer, but severe contusion might occur from this method and the resulting inflammation be too violent.

A better method than this is *subcutaneous dissision* or *puncture* with a narrow tenotome, the fluid being allowed to escape into the surrounding tissues from several small openings in the sac; but my preference is decidedly in favor of another mode, which I will show you upon this patient. It consists in the evacuation of the sac upon the surface by means of a narrow bistoury, the jelly-like material being all thoroughly pressed out. A needle armed with a double ligature is then carried in at the opening and out at the opposite side of the tumor, thus leaving a seton in situ, which will be allowed to remain until it has excited a sufficient amount of inflammation to compel the closure of the cyst—probably 48 to 60 hours, although a little longer time may occasionally be required. This I consider very effectual, while at the same time it is safe, no

evil results ever having occurred in my hands from its employment, when the following directions have been strictly adhered to:

The arm is to be immediately placed upon an anterior splint, and a warm flaxseed poultice applied over the seat of the injury, which should be continued until the seton is removed, when a compress and bandage will be substituted. The splint is still to be continued, and upon this portion of the treatment I lay particular stress, since upon the perfect rest of the part for several weeks will depend the question of success or failure.

Excision of the sac is too dangerous. It is sometimes important to determine whether a bursal tumor communicates with the interior of a joint, and this can usually be done by applying continued pressure, when, if such is the case, it will slowly disappear, and return in the same slow manner after the pressure is removed.

A condition very similar to the one we have been describing, is that of chronic dropsy of the sheaths of the tendons, which is not limited, however, to any one particular hernial portion, but to the whole distended sheath. There is a considerable increase in the amount of synovia, and the swelling is usually situated around the tendons, upon the palm of the hand, while the fingers are flexed to such a degree that complete extension is difficult, thus interfering with the usefulness of the member. Pain is not necessarily present, and you will seldom be consulted until the disease has advanced for a considerable period.

The treatment for this condition is to let it alone until it gives serious inconvenience, since meddlesome surgery might provoke such extensive suppuration of the sheath as to cause the death of the tendon. Should the lameness be so great as to demand interference, however, you may incise the sheath, or better, draw off the secretion with a trocar of sufficient size to permit the escape of the slippery fibrine kernels, and then endeavor to excite a certain degree of inflammation by the injection of an ounce of tincture of iodine and water, equal parts, the material to remain in the sac for only a few moments, when it should be allowed to escape through the canula. A splint and compress are then applied, and any excessive inflammation counteracted by the use of ice locally. Considerable swelling will necessarily follow from the collection of fluid, but this will soon decrease and may entirely pass away in two or three weeks, especially if iodine be applied to hasten the process, taking care that the wound be first closed with plaster.

GRUBER mentions "*ganglia of the joints*," which are corresponding hernial protrusions of the synovial membrane, and are usually associated with the hand, knee or elbow, the fibres of the capsule separating sufficiently to allow the escape of the membrane. They may cause some stiffness of the articulation, but interference is dangerous, a rule that will also hold true with *lipoma arborescens*, (MULLER), which has also been seen in the tufts of the sheaths of the tendons.

Analogous to the last case is the one of

Housemaid's Knee,

which now presents itself.

This complaint is a dropsy of the subcutaneous mucous bursa—the bursa præ-patellaris—which really consists, according to LINHART, of several mucous bursæ, overlying one another, and either separate or connected with each other.

This disease is commonly accredited to the friction or pressure occasioned by the occupation of the patient, but that this is not always so is evidenced by the example before us, he being a man who is never obliged to assume the kneeling posture in his occupation, and is not aware of any irritation or injury which should have resulted in this difficulty. In fact, we can hardly attribute it to the pressure upon the patella at all, since the statement of a number of anatomists seem to show that even in the kneeling position the weight of the body comes upon the head of the tibia, and not upon the anterior surface of the patella, where this bursa is situated.

This sac does not communicate with the knee-joint, and in the chronic form such as the one before us, there is seldom but little pain, and you will find many of them of long standing. Their contents are thick and gelatinous in chronic cases, but less so than those of the tendon sheaths, while in acute cases the fluid partakes still more of the serous character. Small fibrinous bodies may exist.

The treatment of the acute form, where there is redness and pain, will be rest, leeches, iodine, mercurial plaster, etc., followed by compression, and perhaps by blisters; but blisters will be of but little use when the chronic stage is reached. This man complains of pain, and weakness in the knee after exertion, and he wishes to be permanently cured. I shall therefore perform the operation, which is free from danger, provided the patient is confined to his bed for three or four days, until inflammatory swelling shall have subsided.

I shall first puncture the sac, allowing free escape of all the contents, and then throw in about two drachms of the *undiluted* tincture of iodine, which will be allowed *to remain*, and will be as certain of producing a cure as it is in hydrocele. A compress should be worn for a long time. I have never seen evil result from its employment, when the bed has been kept, and believe it to be far preferable to splitting up the sac, which is sometimes done when it is thick, or to the introduction of a seton, or to the using of dilute solutions.

VOLKMANN recommends that pressure be made more effectual by the employment of a well moulded

posterior splint, thus giving a good basis for compression, in which case the hygroma may disappear in a very few days.

[Operation performed.—DE F. W.]

Undescended Testicle.

Here is a man, æt. 29 years, who complains of having but one testicle, and truly there is but one in the scrotum, yet, when I place my hand upon a small lump which I detect in the course of his right inguinal canal, I find that it gives him a peculiar sickening feeling, precisely like that occasioned by handling the normal testicle.

This is evidently an undescended testicle remaining here at this late period of life, when it should have descended to the scrotum during the later months of gestation.

Such a tumor is liable to be mistaken for a hernia; but this pain, to which I have alluded, as well as the solidity, will assist in its diagnosis. I also ask him to cough, and I find that this man really has a coexisting hernia also, which is not an uncommon complication. A hernia occurring in this condition sometimes makes its way outwardly and forms a bubunocele.

This tumor does not give the man any serious inconvenience, yet in all these cases the mind of the patient needs treatment, and something must always be done to relieve his anxiety, if possible, especially as it is possible that its function may not be as properly performed as it would be in its normal position.

A delayed testicle like this often works its way down into the scrotum, about the age of puberty, but in a certain number of cases it remains in the abdominal cavity, or in the canal, through life.

In rare cases a testicle has been found appearing in the perineum, or even emerging at the femoral ring.

For the relief of this difficulty some three methods are approved: One consists in daily traction upon the cord, or the immediate forcible pulling it down while the patient is thoroughly relaxed by ether; another, the division of the cremaster muscle; and, thirdly, one which will be peculiarly appropriate in this case—the wearing a truss, with a small accurately fitting pad, which shall be placed over the canal, above the testicle, and constantly being moved, will exert an influence upon it from behind, until it is out of the canal, when a strong effort only may be needed to bring it to position.

JEFFERSON MEDICAL COLLEGE.

Surgical Clinic of Prof. S. D. Gross.

April 4, 1871.

[REPORTED BY RALPH M. TOWNSEND, M. D., CLINICAL RECORDER.]

GENTLEMEN: To-day commences my initial clinic of the spring session, and I shall hope to receive from you that attention which I believe has never yet been withheld from me in this ampitheatre.

Giant Cell Sarcoma.

This lad, J. B., æt. 15 years, is from Chester, Pa. and was here in October last. He had at that time a tumor of ovoidal figure and regular outline occupying the lower jaw, and extending from the canine tooth of the right side to the first molar of the left. He had lost several teeth over the tumor, and the remaining ones were loose. The tumor was of three years duration; it was devoid of pain except a slight aching, and its growth was slow until within a few weeks of his first appearing at the clinic.

At that date I was strongly tempted to remove a portion of the jaw, but finally contended myself with opening and scraping the cyst. The tumor proved to be partly fluid and partly occupied by a solid substance having the appearance of a clot of blood, much similar to that which forms in an aneurismal sack after ligation of the artery. The operation was attended by profuse hemorrhage; but it was promptly controlled by plugging the cavity with cotton, wet with Monsel's solution. The solid portion of this tumor, when examined under the microscope, was found to abound in giant cells. This made the mass look suspicious. To-day, however, shows no sign of the return of the growth. The boy looks well and suffers no pain. I am inclined to doubt its malignancy. Time will prove all things, however and whether for better or worse, I shall take occasion to again bring this boy before you in a few months.

Mucous Tubercles of the Mouth and Condylomata.

You will see on this young man, around the verge of the anus, condylomatous excrescences. He is 18 years of age, and from his statements would appear to be a good boy, as he says he never runs around and has never had any disease contracted from women. When I look at this patient's mouth, however, I discover mucous tubercles upon his lips. The coincidence of these tubercles with the condylomatous excrescences, is sufficient evidence of constitutional syphilis; but whether congenital or acquired, with the light before me I cannot at present determine. If this boy were smoking a pipe, and, without wiping the stem, should hand it to his friend, the latter might be inoculated; especially so if he had a crack or fissure upon his lips. Bear in mind, then, that the secretion from these mucous tubercles will inoculate and produce a chancre.

Treatment.—Internally this patient will take eight grains of the iodide of potassium and one-tenth of a grain of the corrosive or bichloride of mercury, three times in the twenty-four hours. We will not apply any severe caustic to the condylomatous excrescences, as such procedure would be attended by severe pain. Powdered oxide of zinc, as a dessi-

cant, is a good application, and its use will be ordered in this case. Keeping these growths separated by the interposition of some substance, such as lint, is of paramount importance. Their contact acts like a ferment, and increases their size. When very large we cut them off and cauterize their bases.

The mucous tubercles we will touch every other day with the nitrate of silver. This boy also wants good diet and proper clothing.

Syphilitic Ulcers.

This patient, æt. 18 years, has ulcers upon the back of her hand. She has suffered from them for two years. Interspersed among the ulcers you see numerous little vesicles. The latter have nothing in common with the main disorder, but result from continued poulticing. The patient suffered much pain in the hand, and it is augmented at night.

Wherever you get these multiple sores, vesicular or pustular, occurring in the extremities, and particularly if they are obstinate and resist treatment, you may put them down as specific.

This girl has been taking for three weeks, with benefit, three times daily, the following:

℞. Potass iodid gr. viij.
Hydrarg. chlor. cor. gr. 1-10.
Pulv. iodide, gr. 1-10.] M.

We will continue this medicine. Locally these sores have been treated with dilute nitric acid, one part to five, every fourth day. This also will be persisted in

Old Ulcers.

I now bring before you a man and a woman, æt. respectively 63 and 54 years. Both these people have ulcers occupying nearly the same locality: namely, the outer side of the leg, just above the malleolus. Both ulcers are pear shaped and have abrupt edges. The ulcers are not deep, and the surrounding skin, especially in the woman, is greatly congested. Confining ourselves now to an examination of the ulcer on the leg of the woman, we find the granulations flattened and unhealthy; the discharge being of a thin sero-sanguinalent character. There is pain in the part at night, which seriously interferes with sleep.

Many writers would call this a varicose ulcer. This is not a proper name, although the ulcer is associated with varicose veins, and the condition of the veins primarily were the cause of the ulcer.

We must, therefore, address ourselves to the cure of these enlarged veins. Radical treatment, such as the application of the Vienna paste, is severe, and would prevent the woman from going about her work for some weeks. This she cannot afford to do. The elastic stocking is expensive and probably beyond the reach of the patient's purse. Wearing it also often gives rise to great discomfort. The roller bandage is worse than useless unless systematically applied. Obviously, then, the only treatment left for us here is to tightly encircle the limb just below the knee and then immerse the leg in warm water until the veins swell, when we will scarify them generously. We will allow this woman no meat and attend to her secretions.

The man's ulcer is not associated with varicose veins. The man, moreover, is anæmic. He wants building up. Constitutionally, then, while locally we deplete this ulcer by scarification and stimulate it to granulation by the use of emollient poultices. We will endeavor to nourish and strengthen our patient. He wants tonics, and sunshine, and fresh air, good diet, and but moderate exercise. Unfortunately what we order cannot always be carried out. Poverty is never so hard a master as when it stands in the way of cure.

Chronic Abscess.

This little girl, five years of age, has an enlargement on the inner side of her left knee. There is fluctuation and increase of temperature detected in the part. The affection is of three months' standing. From the looks of the child I should judge this to be a chronic or stumous abscess. The term cold cannot be applied to this abscess, because there is heat present. From effusion of lymph there is hardness around the base of the swelling.

In chronic abscesses, found in different parts of the body, there is generally a pyogenic or pus-secreting membrane, formed from the effused plasma. This membrane is well endowed with blood-vessels, and not only *secrets* pus from the blood, but *absorbs* pus and passes it into the blood.

Now, if we open an abscess of this kind, and a current of air strikes the pus, we have it decomposed, and hectic fever comes on as a sequence. In order to prevent this, as soon as the pus is evacuated I am in the habit of ordering a full anodyne. (Abscess opened). We will therefore order for this child the one-tenth of a grain of morphia.

I do not think this abscess communicates with the joint. An emollient poultice will be applied to the part, either of slippery elm, alone, or combined with flaxseed.

If you notice the discharge as it is passed around the class in the bowl, you will perceive swimming in it flakes or cores. These consist of the natural cellular tissue of the part incrusted with aplastic or spoiled lymph. In conclusion, let me tell you that such an abscess as this can only be found in persons laboring under a strumous, scrofulous or tuberculous diathesis.

Phymosis.

J. R., æt. 14 years, has had this condition existing for four years. He does not know what produced it. In these cases it often happens that there are adhesions between the prepuce and glans; but such does not seem to be the case in this instance. When phymosis is complicated with an elongated

foreskin, circumcision becomes necessary. There is no elongation here, and we will merely slit up the foreskin, and then tack the mucous membrane and skin together. [Operation performed.] In a very young child a contracted prepuce not only interferes with cleanliness and the passage of water, but stunts the growth of the organ. Again, such a condition facilitates the formation of calculus concretions, both in the bladder and between the foreskin and glans penis.

COLLEGE OF PHYSICIANS AND SURGEONS.

DISEASES OF WOMEN.

Clinic of Dr. BROWN.

Pruritus Vulvæ.

Mary, P., æt. 45; four children. For three years has been complaining of severe itching of the private parts—worse at night.

The pruritus in itself is not a disease, but merely a symptom dependent on either follicular vulvitis or the presence of some irritating discharge, as in leucorrhœa, malignant disease, etc. At this clinic, four years ago, attention was called to diabetes mellitus, as a causative agent for this troublesome affection, and since that time other observations have confirmed it. Two winters ago a patient came here with follicular vulvitis, and, as a final resort, Prof. THOMAS dissected off the mucous membrane and skin. Still the pruritus, though relieved for a time, returned.

Another cause that might be enumerated is pregnancy, and in pregnancy it is very common. In the case before us the cause is leucorrhœa. The treatment will consist of plain or medicated vaginal injections morning and evening, with a pledget of cotton saturated with a solution of nitrate of silver (ʒss—ʒj), applied to the canal of the cervix. This is the most satisfactory treatment at this clinic, though nearly everything has been used. To the vagina strong tincture of aconite, chloroform, nitrate of silver, creasote, and other anodynes may in turn prove advantageous. But there are many cases that defy treatment.

Prolapse of Uterus.

The patient was presented to the class with marked cystocele and rectocele, also prolapse of the vagina. On pressing down, the uterus came out to a certain extent.

The patient will be operated on at the Strangers' Hospital, by means of Dr. MOTT's instrument. The *modus operandi* of this is to take a portion out of the vagina by an instrument having three blades, one passing between the other two, and invaginating a portion.

Prolapse of Ovary.

Mrs. C., æt. 25. Has complained of weakness, and pain in the side for the last two years. Has also occasional nausea and dry retching.

Physical examination showed retroversion of the uterus with a small tumor, the size of an almond, to the side of the cervix. On pressure this is painful and gives rise to a sensation of syncope.

This body is a prolapsed ovary, and from the pressure of the uterus on it may be accounted the dry retching, most evident at the menstrual epochs.

The treatment will consist in a pessary to endeavor to restore the position of the parts.

MEDICAL SOCIETIES.

NEW YORK COUNTY MEDICAL SOCIETY.

Monday, April 3d, 1871.

Abscess of the Vermiform Appendix.

Dr. WEBER read a paper on the above disease, giving the literature of the subject and anatomy of the parts *in extenso*.

The most common causes were calculi of phosphate and carbonate of lime, and tubercular infiltration of the tissues.

The calculi resemble, and are usually mistaken, for fruit seeds, on insufficient observation. The symptoms closely resemble those of peritonitis, and may be very acute, or of a more modified form. Vomiting is frequently present; may be stercoraceous; constipation is usual, but diarrhœa may occur. The duration of the disease will vary from a few days to as many weeks.

During the process of suppuration fatal hemorrhages may occur. The abscess, when formed, is of pretty large size and bursts through the abdominal wall, as a rule, but in some cases perforation of the diaphram has been noted, giving rise to pneumonia.

The patients most afflicted are those of sedentary habits, as well as those who are naturally constipated. It is found most frequently in those from 10 to 35 years.

STATE MEDICAL ASSOCIATION OF MISSISSIPPI.

The State Medical Association of Mississippi, closed its fourth annual session April 7th, in Meridian. The attendance was unusually large in members, overshadowing all conventions of the kind previously held in the State. In point of geography, a very large part of the State has been represented. In looking over the list we find delegates from the counties of Marshall, Tippah, Alcorn, Lowndes, Noxubee, Oktibbeha, Lauderdale, Kemper, Clarke, Hinds, Warren, Madison and others. In point of talent, medical experience and erudition, the Association will compare with that of any association that has been convened in the Southern States. The

scientific and professional inquiries and researches made by the Association have been to the benefit of the medical profession at large, as well as the members in particular.

In their deliberations they have suggested to the State authorities many important and useful measures. Among them is one to reëstablish the vaccine Bureau at Jackson, by means of which fresh and pure vaccine matter can at all times be procured. Another, is not only to provide for the establishment of an institute for the blind, but an infirmary in connection with the same, for the treatment of persons afflicted with diseases of the eye. Another measure proposed is, the compulsory registration by State authority of births, deaths and marriages—a most praiseworthy measure, and one that should early engage the attention of the Legislature. There is no estimating the amount of good such professional, scientific convocations and deliberations develop, and it is sincerely to be hoped that the medical gentlemen in that State will not tire in their good works. The next meeting of the association will be held in Holly Springs, on the first Wednesday in April, 1872.

Editorial Department.

Periscope.

Hair as a Suture and Ligature

Dr. J. T. Darby commends the use of hair as a suture and ligature (*Richmond Medical Journal*). He says: For general use I prefer the black hair, as it can be more readily seen than the white, and the strength is the same when the dimensions through the short axes are equal. The strength varies greatly with the size of the hair, and that of the horse is preferable to that of the mare, on account of the urine in the latter at times passing over it, rendering it less clean and strong. On the skin of the negro the white hair shows best; so, if convenient, it is better than black or other shades, and the opposite condition holds for using the black for the white skin. By twisting two, three, four or more, any size requisite for ligature or suture can be made; as a rule, a single coarse black hair is sufficient for approximating the edges of a wound, unless several tissues are involved and gaping results. For the closure of deep wounds under this condition, slight tension will cut through a single hair, as would be the case with a small thread or silver wire; so on the same ground that a larger suture of metal or silk should be used, several twists of hair are indicated. As a ligature, two, three or more should be twisted together; a knot in each end will hold the twist. To pass the twisted hair as a ligature or suture through the eye of a needle, the ends should not be cut evenly but at different lengths, so that applying a little wax, glue, gum, starch or soap, it will present a pointed extremity and readily run. In the ligation of arteries upon the dead body by the class, a twist of from four to five was used for the carotids, subclavian and axillary, the iliacs, femoral and popliteal; from three to four were used for the tibials, brachial, radial and ulnar, and at each point the inner coats were found cut—one end may be cut close, after the usual method, or, better, use torsion upon all the branches, and apply to the main artery and perhaps to the largest branch, the ligature; loosely twist the end together and tie a slip knot to bind them. The plan of Lister of cutting both ends short, and producing healing over them by the anti-septic method, I regard as practicable with hair in degrees greater than silk, flax or any material which imbibes fluids, though I confess to no experience with any form of ligature after his method. The manner of tying the knot may be the simple surgeon's knot, which of late I use, finding it amply secure, or a modification readily made by passing the end from the right to the left, and the left to the right; take then the end in the left hand and pass it through three times and draw down the loop; cross the ends back again from left to right, and take the end in the left hand, pass it through twice and draw down the loop; a firm knot is then formed, which can be made still more secure by crossing from right to left, and passing the end in the left hand through and then drawn down once. Care should be taken in tying the knot, for suture or ligature, to see that the hair be not twisted in a fold, as it is likely to break at that point; or that the ends of the nails are not used against the hair in drawing the knot, as it will be cut through. In sutures no tension should exist in approximating the edges, and the strength of a single hair should be ample for this purpose. Greater strength is needed in ligation of arteries, but the great force put forth by some surgeons in tying a ligature is useless; if the ligature is sufficiently strong to produce strangulation in the outer coat, and adhesive inflammation in the inner coat, the effect desired is accomplished without that great application of power expended by some in muscular exertion sufficient to produce actual fatigue. A ligature should be sufficiently strong to give confidence of not breaking when brought down to a knot; nothing more is desired; and horse-hair is strong enough for all purposes when twisted, as described for the variable size of arteries

In the strangulation of polypi in various cavities, or growths involving thick tough tissue, such as an aneurism by anastomosis of the scalp, the inelastic thread of great strength is more suitable and answers an excellent purpose. Before using the hair I wash it in a solution of carbolic acid and water, three or four grains to the ounce, to prevent any noxious influences from the presence of organic or inorganic particles. I have used hair in almost all operations where immediate union is desirable—as in amputations, the removal of tumors, incised wounds of the scalp, penis, scrotum, neck, trunk, eyelids; in mucous membranes of the eye, mouth, anus, rectum and vagina, I have had experience sufficient and ample to testify to its utility. In deep wounds of the rectum and vagina, as in operation for fistula, recto or vesico-vaginal, I do not rank it as high as metallic sutures on account of the difficulty of tying in such narrow cavities. This objection does not hold for the mouth, as two cases of complete cleft palate (hard and soft) will show. In this cavity I have found no difficulty in tying the hair, and prefer it to any other form of suture. When wounds are superficial in the rectum and the vagina, I prefer also the hair; but where difficulty exists in ligation or knotting from depth, the twist, which can be used with metals, is more easily made for approximating the edges of wounds, and a suture of this variety is to be preferred. For general application however, the hair suture can be applied with greater advantage than metal. I have never used it in wounds of the intestine, but shall do so on the first case presenting, as it would be far preferable to metal or threads generally used, as in the one case stiffness would prevent accurate apposition of surfaces, and in the other, absorbent properties might engender complications. In wounds where tissues are lax and delicate, as in the eyelids, the scrotum and penis, there is no question of preference over metallic sutures of any kind, for equally unirritating it leaves no scar; by pliability, it accommodates itself to the folds of the skin, and, by elasticity, is more easily withdrawn. I can testify to its adaptability and fitness in these parts, and cannot better state how unirritating is its action in any tissue, than by referring to the experiments of Mr. Smith, in contrasting it with silk sutures, and the instance he relates of the application of a ligature upon the femoral artery of a dog, where, for four months, no irritation was produced upon the vessel or in the track of the ligature, for no ulceration occurred, and the tissues were firmly healed around the hair. The flexibility of the hair permits it to be readily passed, and its elasticity causes it to expand readily, and almost to relieve itself from the tissues in which it is applied. There is no fear in consequence of this latter property, in removing hair sutures that the line of union which these firmly induce without irritation, will be torn or broken as with the metallic.

Upon the eye and its appendages, where sutures are required, as in coaptating the lax folds of the conjunctiva after operations for enlarging the palpebral fissure for removal of intra orbital tumors, in pterygium, tumors of the lids, ectropion and strabismus, it replaces metallic sutures, which are generally inapplicable, and is more advantageous than silk, flax or cotton threads. The stiffness of horse-hair, when cut close, is an objection to its use when the ends are exposed to the surfaces of the lids, but by leaving the ends sufficiently long to be held by adhesive strips to the forehead, cheek and nose, this objection is avoided. Moreover, I have recently overcome this objection by using the hair of the human head and the tail of the ox. My experiments are not sufficient as yet to report the success of these substitutes, except in a general way, but I can, at least, positively assert, that there is not so much irritation as with horse-hair, or threads of flax, silk and cotton. In iridodesis and prolapsus-corneæ after flap extractions, I believe it would be found preferable to the materials used for strangulating the iris and retaining the cornea to the sclerotic; but in these two operations my experience does not bear proof, as it has been only of recent date that I have used the hair of the human head and that of the tail of the ox. The latter I find preferable, as it is sufficiently flexible to accommodate itself to the pressure by closure of the lids without irritation, and can be used singly, whereas, with the hair of the human head, a double suture is made by threading a long hair to its middle and forming it double. With these remarks I give the results of horse-hair, in cases which, I hope, will serve to illustrate its uses. I have selected such cases as will show the application of hair in almost all general operations, and have, as will be seen, made a comparison of the action of metal, gut and hair sutures. The effect of silk, flax and cotton has not been tested with this form of material, as that of metallic, and non-absorbent matter was a better test. The length of time the sutures were allowed to remain was, in most of the cases following, to test the non-irritating quality of the hair.

Dr. Darby illustrates this article with 20 cases.

A Case of Double Conception.

E. Chenery, M. D., Boston, gives the following case in the *Boston Medical and Surgical Journal:*

Mrs. S., American, æt. 40, came under treatment for inflammation and hypertrophy of the uterine cervix, originating in her first confinement, twelve years before. Her general health was much broken and her nervous system greatly impaired. Success followed the use of general and local means, and

she was discharged, cured. About six months subsequently she became pregnant for the second time, and had no unusual symptoms to disturb "the even tenor of her way" till about the fifth month. At this time, without any known cause, she was taken with pains and bleeding, threatening an abortion. Sedatives and rest were enjoined, resulting in relief for a few days. The symptoms returned, and being unable to see the patient, another physician was called. Opium and tannin were given. During the night I received another call, when I found that the pains had returned and the hemorrhage was profuse. She had passed nearly a chamber vessel full of blood and clots, among which I found a fœtus, with its transparent membranes entire, and altogether about the size of a common open-face watch. The womb was dilated, and another and much larger fœtus was lying with its head entirely escaped from the os, pushing its unbroken vestments before it. Supposing, of course, that miscarriage of this also must take place, I caught the head between my finger and the wall to bring it into the world, when it slipped from my hold and escaped back into the womb beyond my reach. I had never seen a case where the fœtus survived such a copious flooding; and to save further trouble I gave a dose of ergot to finish the delivery. To my great surprise the womb contracted, the hemorrhage ceased, and the patient recovered. Thus ended this early and bloody battle between this modern Cain and Abel. The older having gained the victory and expelled the younger from the territory, returned to the undisputed enjoyment of his *pre*-possessions.

Here then were the products of a double conception. One of them bore the marks of about eight weeks and the other twenty. One of them was expelled with all the appearances of life and freshness up to the time; while the other was retained and apparently unharmed, notwithstanding the excessive hemorrhage and the extensive separation of its membranes from the womb. With this last the mother was confined at term.

Treatment of Constipation.

In the *Transactions of the Wisconsin State Medical Society*, 1870, Dr. JOHNSON says:

I know of no treatment better calculated to remove constipation of the bowels—the result of a depraved condition of the system, than nutritious and easily digested food in compact form, not sloppy or bulky; Graham, or bread made from unbolted flour being one of the principle articles of diet. I speak from an experience of over thirty years in the use of this bread, having used it myself for that length of time, and prescribed it constantly to all my patients who are troubled with torpid bowels. Out of several cases of its curative power, which I might mention, I will state that I was called to visit an old lady of 70 years of age, about four years ago; she had moved here from Ohio, and had an attack of intermittent fever, which she had contracted many years before. She was extremely feeble with great nervous prostration; her greatest trouble was constipated bowels. She had to keep pills always in the house, and two or three times a week take a dose, otherwise she would have no evacuation from her bowels. I prescribed for her intermittent fever, and recommended her, if able to leave her bed again, to use Graham bread for a time, as her almost exclusive diet. I instructed her how to use and make it. I paid her but one visit and heard no more of her. Two years afterward, a hale old lady walked into my office and announced herself as the person I had visited with intermittent fever. She stated she had used the bread, made it the principal part of her food, and had not taken one pill since she commenced its use. Within four blocks of this hall resides another of my female patients, who is a stout, healthy looking woman, of middle age, but who had to keep her box of patent pills constantly in use. I persuaded her to try the Graham bread, and although three years have elapsed since she commenced its use as an article of food, she has had no further need of cathartic pills. Another old lady, over 60 years of age, whom I was called to see within the last 12 months, with obstruction of the bowels, large masses of hardened feces being accumulated in the colon. She was in the habit of taking large quantities of epsom salts, 2 and 3 ounces at a time, to procure a passage. She had, previous to my seeing her, taken 15 pills, epsom salts and castor oil—but no passage. I tried a variety of remedies for three or four days, but no passage. I at length succeeded, by passing a rectum tube above the sigmoid flexure of the colon, inserting into it the nozzle of a self-injecting syringe, and pumping in several pints of tepid water, and subsequently in the same way pumping in over one pint of olive oil. When she recovered and was able to eat food, she used, as her principal article of diet, Graham bread, and to-day she enjoys better health than she has had for many years.

It is with difficulty you can at times persuade people to use this bread. They say it is not palatable. There is an art in making it, and it requires some judgment in its use.

In those bloodless conditions of the system, where torpor of the bowels is always a constant attendant, the muriated tincture of iron, combined with the tincture or fluid extract of belladonna, or tincture of fluid extract of nux vomica, or digitalis, with occasional small doses of quinine, is certain, with the Graham bread, to so improve the general health that constipation of the bowels will sooner or later

give way. There are of course many minor things necessary to be done, such as accustoming the system to respond to those calls of nature at stated times.

On Local Acupressure.

Dr. F. SEYMOUR, writes to the *Cincinnati Lancet:* The true surgical procedure to ligate both ends of a divided artery at the place of the wound, is, of course, simply and certainly correct; and I know of no procedure more to be inculcated in any wound of arteries where cessation of hemorrhage is necessary to prevent fatality. To ligate the wounded vessel at a distance from the wound, or the main arterial trunk of the limb, is, in many cases, but to trust to chance; the subsequent hemmorrhage from the distal end of the artery, when the collarteral circulation is established, is one of which chances, time, and soldification are the main ones. Now, in regard to compression by means of compresses in any shape or other, or to modified compression along the course of the main trunk of the artery of the limb, diminishing the force of the blood-wave graduation, the position of the limb and the lowering of the temperature are well enough, so far as they go, and while we can not do better; but generally they are unsatisfactory, and after an amount of trouble, care, and anxiety, we often find them fail us. It is not necessary to refer in this article to cases in which artery after artery has been cut down upon and tied, and failure of success after all, with the necessity of amputation staring us in the face. Every surgeon, of any thorough knowledge of his profession, has known of some and read of many such cases, so, as I said before, I shall not refer to them, but suggest a simple means, not new at all, but disused, by which many troublesome cases can be treated with ease, certainty, and success.

In order to elucidate, I will give a case that happened some few weeks since in this city: M. C., formerly a soldier in the United States army, having been out on a spree with a friend, had become intoxicated, and upon arriving home, had a misunderstanding with his wife, and in the quarrel which ensued, had plunged his right arm through several panes of window glass, cutting and lacerating his arm terribly, and dividing the radial and ulnar arteries some inch and half above the wrist. The hemorrhage was excessive. His struggles, as he tried to tear himself away from those who held him, to do him service, increased the bleeding, until the man was almost exsanguined. Upon my arrival, the loss of blood had reduced the strength of his ferocious struggles, but only to give place to a constant shifting about of his body, from position to position, and the throwing of his wounded arm about constantly. Having no medical assistance, no time to wait to obtain it, it was impossible, by a miserable, smoking, dim, coal-oil lamp, without a chimney, to see or to seize the divided ends of the arteries, which were feebly but slowly throwing out, per saltem, the ruby fluid. He could not afford to lose any more blood, and to fiddle away with the forceps and sponge, to find the ends of the vessels, with the man jerking his arm about, was a matter of impossibility. Compresses would have been of no use, for they would have been torn off immediately; there was but one thing to do, and that was done quickly. A curved needle was passed under each divided end of the arteries, about one-fourth of an inch from the edge of the wounds, and the skin tied in. Hemorrhage, of course, ceased, and the patient was put under proper medical treatment, and left for the night. The next day at twelve M. sixteen hours after, the ligatures (if you please to call them so) were withdrawn, and no further trouble followed.

I insist, that in many instances of divided or wounded arteries, a small, curved needle, armed with common saddler's silk, passed through the sound skin, near to the point of injury, carried under the artery, and brought out close to where it was introduced in the skin (say about a quarter to half an inch distant), and the ends then firmly tied over a piece of cork, or anything else, or only tying the skin in, as I always do, in many cases, *I will say, in all cases*, is far better, and safer, than to grope and dissect for the ends of the artery to tie them, perchance only to have the ligatures slipping off, and be called to undress the wound, and grope about again, giving pain, losing blood and time, and at the end doing no more benefit than by quietly passing a silk threaded needle under the vessel, close to the edge of the wound, and tying it. Again, if after the surgeon has tied his ligature, or acupressure thread, as I have stated, if he desires to tie the ends of the arteries in the wound, he can then do it far, far easier and better. There is no blood flowing into the wound (as would be if the tourniquet was applied from the superficial vessels); he can take his time and do his work well, and after he has tied the ends in his wound, he can (if he pleases) snip the acupressure igature and draw them out. Neither can there be an objection raised, if we say the nerves are sometimes tied in. Suppose they are; what harm will that do for a short time? Does not the tourniquet produce pressure on the the main nerves also, and on all the superficial nerves of the limb? This can be no objection.

Dangers from Insane Persons at Large.

The New York *Tribune* says: "It seems to us high time that the officers of the law interposed with a show at least of vigor to restrain of their liberty persons manifestly insane. Terwilliger, who choked

his old mother to death last week at Brunswick, Ulster county, afterward setting the house on fire, had been, it is stated, "insane for some time." To allow persons thus afflicted to remain at large shows a great lack of civilization, humanity, and intelligence in any community; yet this case at Brunswick is only one of many like it which have come under our observation. Members of a family should be required by statute, with a sufficient penalty for neglecting the duty, to give notice to the authorities of every case of aberration within a household."

Cases, such as above recorded, are occurring throughout the country at the rate of more than one a week, some of them excelling in horrible detail and loss of life the one in question.

A certain class of magazine and newspaper writers, who are ready to sacrifice anything for the purpose of creating a sensation, have, of late, said so much on the subject of the confinement of the insane, and have been the means of having such absurd laws passed, that families have been deterred from having their insane members placed where they ought properly to be, under the most favorable circumstances for recovery—in a Hospital for the Insane—and physicians have been backward about giving certificates of insanity.

The Contagion of Scarlet Fever.

Dr. EDWARD SNOW, of Providence, whose opinions are always worthy of careful consideration, says in his last monthly report as City Registrar:

There were only four deaths in March from scarlet fever, and, as we prophesied in these reports in the autumn of last year, there has been no epidemic of the disease during the winter, and there is no danger of any at present. At the same time, there has been a large number of cases of the disease in the city during the winter, generally very mild, and with not the slightest indications of an epidemic character. Not being epidemic, there have been no indications whatever of *apparent* contagion. When a disease like scarlatine is epidemic, the cause of the disease, whatever it may be, is, of course, generally spread through the community, and as many are sick, and often several in the same family, the idea of contagion arises in the popular mind, and is used by the people as a sufficient reason to account for every case of the disease.

But when, as during the past winter, in Providence, there is no epidemic character to the disease, we see cases here and there throughout the community, generally single and generally mild, though now and then malignant; but with not the slightest tendency to spread. The most active imagination would find it difficult to discover any evidence of contagion in the scarlatina in Providence during the past winter. On the contrary, if it were possible to prove a negative, all the evidence has tended to prove that scarlatina is not contagious.

Contagion is a convenient word for ignorant people to use to account for what they know nothing about. It is also a convenient bugbear to uphold quarantine and other measures that cannot be justified by any good reason, or by common sense; but after twenty years of observation with special reference to scarlatina, I must again and forever protest against the use of the word contagion in connection with it. Its only effect is to cause people to trouble and worry themselves about what they cannot even make a reasonable attempt to avoid, and to lead them to take measures to prevent the disease which experience has shown, again and again, to be utterly useless.

The Sulphites and Hyposulphites of Soda or Magnesia.

Dr. RONZANI (*Annali di Medicina*, November. 1870,) gave these salts, proposed by Polli, as the most trustworthy antiseptics, a fair trial in malarious intermittents, and found them to answer remarkably well. He administered the sulphite of magnesia, in doses varying from 30 to 60 grains, three or four times a day. Out of one hundred and twenty patients suffering from marsh fever, two-thirds were free from attacks in a very short time; the remaining third had quinia and other drugs besides the sulphite. Of course, Polli and the numerous other Italian physicians who give the sulphites, believe in the fermentative nature of the poison of malaria. Dr. Ronzani, in his article, makes judicious remarks as to the action of the toxic agent. He used hyposulphite of lime especially to treat the ague-cake, giving ninety grains a day at the beginni ng, and increasing the dose by fifteen grains every second day for a fortnight. In obstinate cases, blisters over the enlarged spleen, and quinia, iron, and rhubarb internally The author dwells especially on the low price of the sulphites. We do not suffer so much in this country from marsh fever; but we have to contend against many diseases, the origin of which is poisoned blood. It would be of advantage to give these sulphites and hyposulphites a fair trial, taking care that the salts are pure and have not run into sulphates.

Cotton Respirators.

Dr. JOUGLET, of Paris, taking the hint thrown out by Professor TYNDALL, has been experimenting on the use of cotton respirators, and states that, by their application, the disease known as miner's anæmia, and also the dangers of the effects of lead, copper and mercury to those who have to handle these metals, or work in vapors or dust thereof, may be prevented.

MEDICAL AND SURGICAL REPORTER.

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S. W. BUTLER, M. D., D. G. BRINTON, M. D., Editors.

☞ Medical Society and Clinical Reports, Notes and Observations, Foreign and Domestic Correspondence, News, etc., etc., of general medical interest, are respectfully solicited.

Articles of special importance, such especially as require original experimental research, analysis, or observation, will be liberally paid for.

☞ To insure publication, articles must be *practical, brief* as possible to do justice to the subject, and *carefully prepared*, so as to require little revision.

We particularly value the practical experience of country practitioners, many of whom possess a fund of information that rightfully belongs to the profession.

The Proprietor and Editors disclaim all responsibility for statements made over the names of correspondents.

SCIENTIFIC THERAPEUTICS.

We have on several occasions called attention editorially to the divergence of opinion concerning this important branch of our art, and the general confusion of sentiment which prevails in regard to it.

Recently, Dr. WILKS has contributed several articles to the London *Lancet* under the title we have given above, which, though open to criticism in some respects, contain much admirable good sense in others. Dr. Wilks is not very friendly to a pathological and chemical therapeusis. Every one reading his papers must feel that there is a vein of sound sense running through them. It will be admitted on all hands that he does full justice to the importance of experience as a guide in the use of medicines. No amount of physiological or chemical knowledge in a practitioner will save him from great blunders in practice if he be unfamiliar with common forms of disease and the common remedies by which they are relieved or cured. Some may think, on examining his articles, that he does but scant justice to modern therapeutics. Referring to pneumonia, for example, he declares the unreasonableness of treating cases of it on their own merits; and says that the attempt to do this has been the cause of all the bad therapeutics of the present day. He declares this mode of treatment to be impossible. His critics, however, say so far is it from being impossible, that it has been done, and done with unprecedented success. The modern treatment of pneumonia, which is founded on a consideration of both the local lesion and the vital condition of the patient, they claim to be an immense therapeutical advance, though they admit that in some hands the disrespect for some points of the old treatment, and the love of most unphysiological stimulation, have been absurd and injurious. The discrimination of cases and of the vital condition and diathesis of patients with the same local disease, has given a decidedly scientific character as well as a very high success to modern therapeutics. Dr. Wilks complains of the too prevalent discarding of drugs, and praises those as the best which have come down to us from barbarous times and nations. There is much foundation for the complaint; for there is a certain scepticism that is fashionable among the more thoughtless of young scientific men just now, which applies to drugs as to other things, and especially to the combination of drugs.

The bugbear of "polypharmacy" has frightened many a young man away from valuable compounds, which in the hands of his predecessors have rendered valuable service against disease. The homœopathic figment of "the single remedy" has taken too much hold on other minds, and in aiming at simplicity they have missed potency.

CHOLERA AT ST. PETERSBURG.

We see that we are theatened again with the scourge which has several times desolated our country. The correspondent of the *London Standard* writes as follows:

"Cholera has appeared at St. Petersburg in a very virulent form, and its ravages are not confined to the lower orders. Among many victims in the higher classes of society is Prince George of Oldenburg, a young man twenty-three years of age, nearly related to the Imperial family. But the cases have been more fatal than numerous. The Prince of Oldenburg died seventeen hours after he was attacked, and other cases have terminated fatally in a much shorter space of time. The official bulletin of March 21st is as follows:

	Male.	Female.	Total
Cases on the 20th of March.....	135	96	213
New cases.....	60	38	98
Cures.....	1	3	4
Deaths.....	19	23	42
Cases remaining on the 21st.....	175	108	283

"These returns are below the actual numbers, as they only show the cases in the hospitals but their publication has contributed somewhat to allay the terror which was becoming general in the town in consequence of the exaggerated reports that had been spread. All necessary measures of precaution have been adopted by the Government, and the regulations of the Sanitary Commission have been

published. The nature of the food used during Lent is pointed out as being a very probable cause of the increase of the disease."

We hope the authorities in this country will take timely steps to stay the pest.

Notes and Comments.

Hydrate of Chloral as a Cause of Urticaria.

In June of last year, says Dr. FISHER in the *British Medical Journal*, I had occasion to give a patient (a stout middle-aged woman) a hypnotic. I ordered the following draught, viz.: hydrate of chloral, 25 grains; simple syrup, a sufficiency water, 1½ ounce. After taking it, the patient became the subject of extensive urticaria. I inquired very particularly whether she had partaken of any of the articles of diet sometimes producing the eruption, as oatmeal, shell-fish, etc., and was assured that she had not. I of course discontinued the chloral hydrate, at the same time unwilling to give it credit of producing the rash. Twenty-six days afterward, I gave her a dose of ten grains, and in a short time the before-mentioned effects were again produced.

Disease and Drunkenness.

According to the English reports, the Liverpool death-rate is 40 per 1000, against 26 in London and Manchester. For reasons already stated, the accuracy of the basis of calculation of the population Liverpool is impugned, but the mortality of the town is unquestionably fearful; more than every third death was due to some contagious disease. Some notion of the social habits of one section of the population may be formed from the recorded fact, that one day at the police-court ninety inebriates had to answer for their misconduct. One woman, aged 33, had been convicted of drunkenness sixty-seven times, and a girl 17 was fined for a seventh offense.

The Dangers of Chloral.

We notice that in two cases lately, inquests held in London on surgeons who died somewhat suddenly, have resulted in verdicts of "death from an overdose of chloral," the sufferers being at the time debilitated and in a great state of pain. It is impossible to suggest a more impressive warning of the dangers which attach to a free use of this potent hypnotic. It is a blessing easily perverted, and is as powerful for harm as for good.

First Synthesis of a Vegetable Alkaloid.

H. SCHIFF announces to the Berlin Chemical Society that he has succeeded in the synthetical manufacture of coniine, the well known alkaloid present in the *Conium maculatum*. The author obtained the alkaloid alluded to by the distillation of dibutyraldine, from which the alkaloid is generated, according to the formula:

$$\underbrace{C^8H^{17}NO}_{\text{Dibutyraldine.}} = H^2O + \underbrace{C^8H^{15}N}_{\text{Coniine.}}$$

The artificially obtained coniine, like that produced by the plant, is a virulent poison.

Malingering.

WE get the following from the *Medical Press*:

"A soldier, a patient at Herbert Hospital, Shooter's Hill, a few days ago wrote the following advice to a comrade: 'Previous to going to the hospital rub your tongue with chalk, ready for the word, 'Put out your tongue;' then, when the doctor is going to feel your pulse, be sure to knock your elbow against the wall, and it will beat to any number in a minute; then, if you wish to persevere to be invalided, be on the look out for a friend to bring you a bit of raw bullock's liver every morning, in order to split blood for the doctor; of course, have a little bit of the liver in your mouth, under your tongue, fresh, ready for him when he comes round the hospital ward, and have a good piece ready to spit out for him when he approaches your cot; then give a great sigh and and a groan, and you are sure to be ordered lamb chops, chicken, rice pudding, port wine, Guinness's stout, in fact, you may live on the fat of the land for the remainder of your soldiering, which will not be long; but, depend upon it, you are sure of a pension, even under ten year's service.' We hope there are not many in hospital quite so clever as this old soldier."

Correspondence.

DOMESTIC.

Surgical Patents.

EDS. MED. AND SURG. REPORTER:

GENTLEMEN: As the National Medical Convention is soon to meet at San Francisco, I propose to occupy a portion of your columns in reference to a subject upon which I think they should not fail to act without delay.

The inferential object of the convention being nominally for the benefit of the profession, conjoined with that of humanity, it seems important that their acts should demonstrate the sincerity of the object inferred. There is no doubt that our duty requires the exaltation of our professional standard, in dignity, wisdom and honor, and that the laws by which

we are to be governed should be based upon the principle of liberality, justice and equality, without regard to precedents, unless coinciding with equitable conclusions; their margins should be sufficiently broad to warrant free access to all the faculties and functions of progress and reform.

The subject to which I have referred demands a sober, critical and unbiased examination, and is that which perpetrates extreme injustice upon a portion of the genius of our profession, and retards the progress of scientific investigation; it being upon the impropriety of a portion of our code, the biased may feel indignant that I should dare criticise that which has borne the criticism of one or more generations, by which they deem it has been perfected. To such I will merely say: "Be wise and sin not," lest righteousness condemn you. It is folly to claim perfection for the codes of any organization or profession, for there is none perfect; if otherwise, the stimulus to action would be annihilated, thereby subvert progression; thus I may be justified in stating that our code had its wise and absurd enactments as well as its scrupulous and unscrupulous actors. In large organizations we are sure to find some who, from their ignorance on important points, are stubbornly antagonistic to progression and reform; scrupulously following the rules of their ancestors and predecessors. There is another class who never dare speak against corruption or improprieties in their own organization, unless in accordance with the views of the empirical politicians of such organization, for fear of proscription from this frequently inferior talent, whose axes are to be ground, if not a little whitewashing to be done. However, we should not expect a representation of either of these classes in such a scientific body as a national medical convention, although there are terrible corruptions existing under the cloak of the profession, without codical condemnation. An absurdity has been introduced in our code as follows: "It is equally derogatory to professional character for a physician to hold a patent for any surgical instrument or medicine," thus placing the same derogation on both. I need not state that honest discriminating minds never suggested such an inconsistency; but I will say that the authors of the code did not seem to realize that our truly great men were original thinkers, therefore, benefactors of the world. It may appear superfluous to many that I should explain an absurdity so perceptible; but when they consider that it has crept into the code and became one of its apparent fixed attributes, they will grant the propriety of attempting to arouse the brotherhood from that state of quiescent codical perfection which has so long fostered this illiberal and degenerate offspring of so noble a profession, and thereby understand that minorities have rights which we are in duty bound to respect.

Now I will contrast patent medicines with patent instruments, and see if there be such striking analogies. In regard to patent medicines, we are requested to adopt their use without the least knowledge of their composition; to which the intelligent and conscientious physician can never yield, for the reason that life may thereby be jeopardized or destroyed, since under certain circumstances *nostrums* may prove beneficial, and under different circumstances destructive to life. Again, any of its ingredients might in some cases be beneficial when used alone or in other combinations, while a nostrum as compounded might be dangerous or destructive to life. Further, the nostrum might prove advantageous in a simple disease, but dangerous when complicated. Hence the absolute necessity of preparing medicines adapted to each particular case—which makes it obligatory to denounce the use of nostrums. How different with the patent instrument; for here we are not requested to adopt its use without first having a thorough explanation of all its constituents and characteristics, the principle upon which it acts and the minutiæ of its action, the important object of the patentee being to have every particular perfectly understood by the profession, whereby they may arrive at a proper conclusion in regard to the merits of the instrument, this being of the utmost importance to all concerned. Thus we see it has no relative point of comparison with patent medicines. How any one with the least discrimination could have discovered the assumed relation I cannot perceive.

In the organization of the United States government, the main object was to promote the general welfare of humanity, to perfect which the most essential point was the advancement of science and the useful arts. From this consideration, the authors of the Constitution foresaw the necessity of inserting in the *first* article of that instrument a provision giving Congress the power to secure for a limited time to *authors* and *inventors* the exclusive right to their respective writings and discoveries. Congress, perceiving the justice of this wise provision, and the advantage to accrue therefrom, happily complied by passing a corresponding act, whereby *authors* and *inventors* are to a certain extent secured from loss of time, money, and brain functions expended to perfect the practicability of their writings and discoveries, by which science is continually progressing.

At this point, it will be proper to take into consideration the injustice of our code, in proscribing the surgical instrument patentee, and not the medical book patentee; for, as has just been stated, they are both governed by the same law, protected by the same provision, and virtually in the same manner; how in the name of justice can a rational being discriminate between them; such shameful, cruel

partiality cannot possibly be viewed with the least allowance by the noble and intelligent portion of the profession. A few moments reflection must convince any ordinary, and much more a superior mind, that from the principle of equity alone, such a detestable derogation should not for a moment rest upon a brother; and I cannot imagine what act by the convention, can demand precedent to that of eradicating this reproachful stain from the code. Now, for a few moments, we will consider how a physician, who may be an inventive genius, can exist, providing he complies with this impropriety of the code; for, by giving his time, money, and inventive products to the profession, retaining of this natural reward of industry only one equal portion with them all, his power of self and family protection is thus destroyed; for, after expending all his pecuniary means for perfecting beneficent results, he has no means for manufacturing the thing invented, while, had he patented protection, it would become a capital with which he could manufacture, instead of some speculating brother of the profession, who had never spent a farthing or a moment's time for the grand discovery. Every good invention has its cash value; and, upon the principle of equity, and according to the United States Constitution, is as much the property of the producer, as any other products in the United States. Without patented protection, neither the manufacturer, or physician would give him a farthing for his valuable discovery, not even thanks. Although he may be overflowing with inventions, by which physicians and speculating capitalists are securing fortunes, and humanity, to an unbounded extent partaking of the advantages of his deep researches, *he* is precluded from applying the products of his own industry for his own sustenance, thus being compelled to wholly depend upon the tender mercies of selfish humanity; and although rich in talent, would necessarily become a beggar in the street.

I have conversed with many of our most intelligent physicians and surgeons in different parts of the United States on this subject, who concur with my views; so also does some, if not all but one, of the medical journals that have recently given their views on this subject. We are informed that eminent English medical men have changed their views and now advocate the propriety of physicians becoming patentees of surgical instruments. We are also informed that Dr. CHAPMAN considered a copy or patent right superior to that of bequest or transfer of real estate, and that the London *Medical Press and Circular* coincides with these views. Why this point of discrimination has been so long unquestioned is doubtless from our medical knowledge having been so largely derived from patented books.

It certainly should not be considered a crime in our profession to originate practical improvements, by which a brother attempts to sustain himself and family, for which derogative punishment should be inflicted.

"The laborer is worthy of his hire," but no more so than of his products.

In conclusion, I have only to say, may brotherly love predominate in the convention, and justice and equality be the products of their deliberations.

D. L. D. SHELDON, M. D.

Perseverance in Practice.

EDS. MED. AND SURG. REPORTER:

I would beg leave to say a few words in regard to the *importance* and *necessity*, in order to *success* in practice, that men should be more stable and persevering in the medical treatment of disease. Although a young practitioner, I have seen a great deal too much vacillation and consequent failure on account of changing medicines before giving them a fair trial. We are being led astray by *new remedies*, administering them in every direction, to all cases, thereby destroying confidence in their usefulness and bringing the profession into bad repute.

I have been surpised, upon going into houses where other physicians have been practicing, and seeing the great amount and variety of medicines to which their patients have been subjected, the treatment of simple, well understood cases having been changed as often as twice and thrice a day, when a *simple placebo* given steadily would soon effect a cure, by giving nature a *half* chance to reassert herself.

There can be no success without judgment, steadiness and *perseverance*, and I submit if we are not running wild in the treatment of disease.

I would also like to say a word to the profession in general, and of Indiana in particular, in regard to *too much heroism* in medication. In reading the *Indiana State Journal*, I find this report of a case of tertiary syphilis and the *treatment*, which I wish to review. Here it is:

"Man, æt. 36; powerful muscular development; appears *in good health*, except for syphilitic symptoms. Says twelve years ago had venereal sores, followed in a few months by sore throat and an eruption on the skin. Was not much troubled with the disease, he thinks. Now he has night pains in the head and tibia, tenderness on pressure. Has a bloody and offensive discharge from the nose, etc."

Now, is this neuralgia and inflammation of the frontal sinuses anything so *violent* and *unusual* as to justify the *following dangerous* doses of iodide potash?

℞. Iod. potassium, ℈j.
Water, ℥ss.

Gives *this* amount *three times a day*. Enough to burn the bronchial mucous membrane to a *blister*

"Next day finds the bronchial trouble greatly *increased!*" *Of course.* Ought we to ever give more than 15 grains of potassium in one day?

Patient died from congestion of the lungs, previous to which he "coughed a tough, tenacious, bronchial mucus." When post-mortem was made, found "*air tubes filled* with *mucus!*"

Might not the potassium in quantities of 60 grs. per diem have produced bronchial pneumonia and congestion? D. S. FIELD,

Jeffersonville, Ind., April 12, 1871.

NEWS AND MISCELLANY.

Stark County, Ohio, Medical Society.

On March 30, 1871, the society met at Canton, in the rooms of the Y. M. C. A. The president occupying the chair.

Under the head of miscellaneous business, P. Pease and B. J. Douds were admitted to membership.

The following resolutions passed—by J. M. Whiting:

Resolved, That in the recent action of the U. S. Commissioner of Pensions, in the discharge from the position of "Examining Surgeon," all Homœopath and other irregular practitioners, this society recognizes the firm exercise of a discriminating power, such as the service requires. That uniformity in the subordinates of the Pension Bureau as to rules for carrying out its orders is requisite, and to accomplish this, they should be similarly qualified. Therefore we regard the decision of the Commission in accordance with the dictates of sound common sense, and all precedents in the service.

By J. Daugherty:

Resolved, That this society hold its meeting on the first Thursday of each month hereafter, instead of quarterly, as heretofore.

By A. W. Ridenour:

Resolved, That if any member of this society, after being duly appointed by the Chair to deliver an address or read an essay at any subsequent meeting, fail to comply, shall, unless a reasonable excuse be offered, be debarred from all participation in the proceedings of this society for one year.

The Chair appointed the following gentlemen delegates to the American Medical Association, L. M. Whiting and A. Metz. To the State Medical Society: L. M. Whiting and R. P. Johnson; as alternates to same: W. O. Baker and A. W. Ridenour.

On motion of J. E. Daugherty, the society adjourned to meet at Massillon, on the first Thursday in May, 1871. A. W. WHITING, Pres't,

A. W. RIDENOUR, Sect'ry., Massillon. Canton.

Physicians' Incomes.

A NEW YORK letter to the *Springfield Republican* gives the following as an account of the incomes of medical men: "A physician in good practice will receive patients at his office four hours daily, and make calls for about the same length of time. From ten to twenty callers, and half as many house patients, would be a fair average; the fees would be two and five dollars each. At these figures it would not be hard to make up an income, of $20,000 or more. It is stated of Dr. WILLIAM PARKER, I believe, that, having been called out of town to attend a patient, he returned a bill of $300, and when it was disputed he showed by his books that his daily receipts were much over that sum. Surgeons' single charges are larger than those of physicians, though the incomes of the latter are probably the highest. For ordinary attendance their rates are about the same, or say five dollars a visit. From twenty-five dollars upward is the charge for operations. For setting an arm or leg $250 would be asked; larger undertakings being in proportion. For a case requiring delicate operation and six weeks' constant attendance, sometimes two or three times a day, $1000 was lately asked by a leading surgeon. In another instance, where a wealthy gentleman was jammed by a railroad car, he was attended by Dr. W———, who made about a dozen visits, without any important operation, and sent in a bill for $2,500, which was paid. This is exceeded by Dr. C———, who charged $2,000 for an operation alone, while another surgeon is said to have received $4,500 from one patient. The prices charged by dentists are quite as high as those of physicians. A man of ordinary reputation in the profession will ask from $5 to $30 for pulling a single tooth, while Mr. A———, one of the most fashionable dentists, is reported to charge $10 for simply examining a person's teeth, and $25 an hour for operating on them, and has brought in a bill of $200 for filling a single tooth. Many people refuse to pay these fancy prices, but it is a common thing to have to pay anywhere from $10 to $100 for dentist's bills. Most practitioners of any reputation have engagements very far ahead. Ten days is a short time to wait for your turn, while a friend of mine, who went to Europe in the middle of last October, on applying to her dentist for treatment, was told that he could not give her a single hour's heed until February, or nearly four months in advance. Dentists are kept busy all the year round, and seldom have any leisure. Their practice is confining, and not healthy, but it is very profitable. Their incomes range from $5,000 to $50,000 a year, while they have no expenses for carriage hire, books, or travel, and not a very heavy outlay for materials and keeping up their offices."

Dr. Liebreich.

DR. LIEBREICH, lately resident in Paris, but driven thence by the tide of war, went to London a few

months ago. Dr. Liebreich has been acknowledged the leading authority on ophthalmic surgery (since the death of Von Graefe) in Europe. It is therefore quite as much an honor to the institution and to themselves as to him, that the medical staff of St. Thomas's have offered him the appointment of Ophthalmic Surgeon and Lecturer at the Hospital. This offer, says the *British Medical Journal*, has been accepted, and we hope it is a sign that our medical institutions—the noblest in the world—will, in future, become more cosmopolitan themselves, and more attractive to the great men of the profession in other countries. The *Lancet* alone has, with singularly bad taste, protested against this appointment. Other scientific men, even if they have imbibed the popular prejudice against the Germans, would never dream of allowing it to influence them on a matter like this.

New Method of Discovering Nitrate in Water

M. BLUNT proposes a new and accurate method for discovering the presence of nitrates in water; he claims that his method is far more sensible than the usual sulphate of protoxide of iron test. He proceeds as follows: Having first expelled all the ammonia by evaporation, in presence of potassa, and treated the result by distilled water, the liquid is put in contact with sodium amalgam for 12 hours, in a perfectly tight vial. The nascent hydrogen resulting from the decomposition of the water by the amalgam transforms the nitric acid into ammonia, and the presence of this ammonia, thus formed, can be detected by Nessbi's test.

—— Doctors SYKES, SWINBURNE and JOHNSTON, of the American Ambulance, have been decorated with the Cross of the Legion of Honor. By whom?

—— EMILE HEPP, of Strasbourg, who was one of the most distinguished physicians and chemists in Europe, is dead.

—— Mrs. Virginia D. Atwood, in New York, has presented to Dr. L. A. SAYRE 41 chromos and lithographs, value $300, to be used in decorating certain wards at Bellevue Hospital.

—— Over thirty physicians of Providence, R. I. have presented a petition to the city governmen for the passage of an ordinance prohibiting the inte r ment of the dead in the city burial-grounds, or their deposition in tombs located in the city.

—— Dr. DANIEL A. WENDELL died on April 3d, at the residence of his father, Daniel H. Wendell, Esq., in Dover, N. H. He graduated at Bowdoin Medical College, was a surgeon in the army during the war, and practiced medicine in Taunton, Mass., previous to his sickness. He was a talented and respected young man, and aged about 30 years.

—— Dr. KARL HEINRICH SCHULTZ-SCHULTZENSTEIN, of Berlin, one of the most eminent botanists of Germany, died on the 23d ult. Although in his 73d year, he was remarkably active, and was a lecturer on physiology as well as on botany in the University of Berlin, with which he had been connected since 1822.

—— Dr. JOSEPH TRUESDALE, of Poland, Mahoning county, Ohio, an old and eminent physician, died suddenly on March 29th, while sitting in his chair. He had complained, a moment before, of feeling unwell. Doctor Truesdale formerly represented that county in the Legislature, was Mayor of Poland, and was a valuable citizen. He was aged sixty-seven years.

DR. WALDAN, the assistant of the late Dr. VON GRAEFE, the celebrated German oculist, has just performed an operation which attracts great attention in scientific circles. Prince Albrecht, the brother of the Emperor, had returned from the war with a painful eye disease, which was recognized by Dr. Waldan as a case of glaucoma. The possibility of thoroughly curing this disease was for the first time demonstrated only a few years ago, with the aid of Dr. Waldan, and in the present case the success of the operation was complete.

MARRIED.

HELM—POTTS—At St. Mark's Church, Philadelphia, April 12, 1871, by Rev. James I. Helm, Wm. H. Helm, M. D., of Sing Sing, New York, and Miss Annie L. Potts, daughter of the late Judge Stacy G. Potts, of Trenton, New Jersey.

CRUMMER—DONKERSLEY—In Rockford, Ill., Feb. 9, by Rev. R. Donkersley, assisted by Rev. H. L. Martin and Prof. A. G. Mattison, Dr. B. F. Crummer, of Elizabeth, Ill., and Miss Mary L. Donkersley, of Rockford, Ill., daughter of the officiating clergyman.

CUNNINGHAM—VAN VOORHIS—By Rev. L. Y. Graham—March 30th, Mr. J. C. Cunningham and Miss M. Lizzie, only daughter of Dr. J. S. Van Voorhis, of Belle Vernon, Pa.

BLISS—KOPPER—At the Church of the Heavenly Rest, New York, April 19, by the Rev. George B. Draper, D. D., of St. Andrew's Church, Harlem, Charles Bliss, M. D., and Miss Harriet M. Kopper, both of New York.

MCCOY—ADAMS—By Rev. Samuel Wilson, D. D., March 7th, Mr. Charles McCoy, of Van Wert, Ohio, and Miss Chilnissa V., daughter of Dr. J. Q. Adams, of El Paso, Illinois.

MYERS—STILLMAN—At Plainfield, N. J., April 19, by Rev. Dr. Burlingham, of St. Louis, J. Kirtland Myers and Mary A., daughter of Charles H. Stillman, M. D., of Plainfield.

MACK—HASFORD—February 12th, 1871, at the residence of the bride's father, by Rev. Mr. Joslyn, J. M. Mack, M. D., and Miss Emma Hasford, all of East Portland, Oregon.

DIED.

PALMER—In Dalton, Wayne county, April 5th, 1871, of malignant scarlet fever, Priscilla P., eldest daughter of Dr. J. M. and Mary E. Palmer, aged 9 years, 1 month and 15 days.

ATKINSON—In this city, April 15, Mrs. Jennie R. Atkinson, wife of Dr. William B. Atkinson, and daughter of Dr. William F. Patterson.

MARR—March 27th, in Tamaqua, Pa., of pneumonia, Dr. William Patterson Marr, in the fifty-second year of his age.

WARD—In this city, April 14th, Eliab Ward, M. D., aged 46 years.

Dr. Ward had, for many years, been a member of the Board of Health, of this city, and was President of the Board at the time of his death.

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MEDICAL AND SURGICAL REPORTER.

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Original Department.

Communications.

EXOPHTHALMIC GOITRE.

By Dr. P. S. Greenamyer,

Of Smithville, Ohio.

The account of a case of exophthalmic goitre, which I recently treated, may, because of the rare occurrence of the disease, be of some interest to your readers. Protrusion of the eyeballs, enlargement of the thyroid gland, and functional or organic disease of the heart, are three elements forming a triad of events which characterize the disease known as exophthalmic goitre. By some it is called "Graves' disease," Graves, of Dublin, being the first to recognize it as an individual disease, in 1835. Other names are, "Basedow's disease," exophthalmic cachexia, and anæmic protrusion of the eyeballs. In the narration of the case of Miss C. B., whom I was called to see on the 23d of Feb., 1871, I will relate the symptoms in the order of their prominence in the configuration of the case as they occurred to me. Patient is of the sanguine-bilious, encephalic temperament, with the encephalic above average; form tall, and rather slender; æt. 28. The first symptom in the order of prominence is the protrusion of the eyeballs, which are so prominent that the lids can scarcely close over them, producing a wild and staring look, much resembling mania; the sight is unaffected. The second is hypertrophy of the thyroid gland, the right side being the largest, which seems to pulsate similar to an aneurism. The third is the abnormal action of the heart; a heaving of the whole chest is observed at each impulse of this organ, at times giving motion to the bed and clothing. Percussion shows an unusual degree of dullness in the precordial region; the apex-beat is in the sixth intercostal space, about one and a half inches without the linea mammalis, indicative of considerable hypertrophy. Auscultation shows two systolic murmurs; a mitral regurgitant murmur, and an aortic direct murmur, a venous hum is heard in the neck; pulse, 136; dyspenœa, anæmia, jaundice, and extreme nervousness, are very prominently observed.

In connection with the above symptoms, and as secondary to the primary disease, there is œdema of the lower limbs, which are also covered with a troublesome rash; the lungs are partially conjested, causing severe spells of coughing, and expectorates frothy mucus; the liver is small, presenting signs of atrophy; is much emaciated; has poor appetite, and diarrhœa, with frequent spells of vomiting.

Thus, with the above primary and adjunctive elements, the case progressed, fluctuating at times from one symptomatic predominant to another; and as one would naturally suppose, continued down the way of debility unto death, which occurred on the 12th of March. A *post-mortem* was held on the same day, with Drs. E. Greenamyer and J. F. Perky assisting, which resulted as follows: Left side of heart hypertrophied; mitral and aortic valves thickened, containing cartilaginous excrescences; lungs very much congested, with right portion of left lung, and left portion of right lung in front, hepatized; recognized by Dr. Perky as being a fair specimen of gray hepatization; mucous surface of stomach shows patches of inflammation, which are somewhat thickened; liver, considerably atrophied; further abnormal conditions were not noticed.

The following is a summary of the history, and a few of the most essential observations made in the case: Hypertrophy of the thyroid gland commenced when about fifteen years

old; soon after this, palpitation and dyspnœa were first noticed, supposed to be caused by a fright and over-exertion; protrusion of the eyeballs were first noticed about ten months ago; has never had rheumatism or pain in the chest; menstruation has gradually and finally ceased a few months since; patient's mother died of the same disease; Dr. E. Greenamyer, my present partner, having been her physician, states that the mother and daughter were in nearly every respect analogous cases. Five sisters to our patient have ordinary bronchocele, the youngest being born with it. Two uncles on the father's side died with heart disease.

Heart and congestive diseases are common on the father's side, and phthisis pulmonalis, and scrofulous diseases on the mother's side.

Three years ago I examined patient, and noticed nothing unusual to ordinary bronchocele, it then being hard or cartilaginous. An observation in respect to the structure of the enlargement before her death took place seems in the greater part to favor vascular distention, both venous and arterial; large doses of aconite and digitalis, sufficient to control the heart, and bring the pulsations down to 85 per minute, reduced the enlargement quite apparently; to suspend the medicine, the veins and arteries soon became tense, causing a general distension; thus, in part, if not entire, the enlargement was due to distension. A tonic of quinine, iron, strychnine, and phosphorus, with an alterative of the extract of dandelion, extract of May-apple, and syrup of rhei, and digitalis with aconite, as above, continued for eighteen days, caused a general decrease of the gland until it was near to its normal size.

From the history of this case we might conclude that bronchocele, and exophthalmic goitre, are synonymous diseases, differing in form, only as they represent different stages of a disease; if not so, the former resolved into the latter, or the latter supplanted the former.

——The Minister of Agriculture has peremptorily forbidden the holding fairs and cattle markets in France, in consequence of the extent to which cattle plague prevails.

——There is no nation where madness is so rare as in Turkey, where the people of all others think the least. In France, Germany, and England—countries more distinguished for intellectual activity—the number of suicides is greater than in any other countries.

Hospital Reports.

UNIVERSITY OF PENNSYLVANIA.

Service of Dr. J. E. Garretson, Lecturer on Surgical Diseases of the Mouth.

April 15, 1871.

[Reported by De F. Willard, M. D.]

Melanoid Nævus.

M. G., æt. 45 years. Directly in the centre of the left cheek of the woman before you will be noticed this blue-black growth. It is, as you see, oblong in shape; shining and glistening in aspect, and isolated by an exact line of demarcation from the surrounding parts. In length it measures just one and a half inches; in prominence, half an inch.

What is it? We call it a melanoid nævus, that is, the growth is an ordinary nævus, with the addition of a great excess of pigmentary matter; if it were not black it would show itself as one of the species of nævi we have so frequently had the opportunity of examining together, and every one of you would instantly recognize it. It is then only the red face painted black.

What is pigment? The word is from pingere, to paint; it is coloring matter—paint—a something used to color, and is found in varying proportions throughout the different races of man, being in excess in the African. The white race has least—the Mongolian and Indian stand intermediate.

The nature of pigment varies, at least, as its character is associated with its seat of deposit; and we find it in a number of places in the human body, as a normal constitutent of the tissues. In the internal layer of the choroid coat of the eye, for instance, we have a dense deposit of these black pigment cells, forming a dark background to the sensitive retina. This membrana pigmenti is composed of several laminæ of hexagonal cells, which appear of a sooty, brown color, when seen singly under the microscope, the centre being pellucid, and the pigment granules variously scattered through the cell. It is only in collected numbers that they show the true black color. This layer in animals is of considerable depth, and being of metallic brilliancy, is called the tapetum, and gives that well-known fiery appearance to the eyes of cats, tigers, etc., in the night.

In the iris, also, we find pigment of various colors, while again in the posterior layer are found those purple cells which, from their resemblance in color to a ripe grape, have given it the name of uvea.

The coloring matter of the hair is another instance, but enough is this mention to show that pigment is a normal, healthy constituent of tissues, and we will now see where we find it pathologically.

Pigmental degeneration is not uncommon, and may be well instanced by the gradually accumulating black pigment, spotting and streaking the lungs; by the bronzing of the skin in the complaint known as Addison's disease, and supposed to have some connection with the supra-renal capsules, although a case is reported in the *Medical Press and Circular*, for March 8, 1871, in which no lesion was found in these bodies; by the ash colored spots sometimes found in the mucous membrane of the stomach or intestines of old people; by the black spotting or deposition of these granules in the walls of the arteries, or even in the tubes themselves, of some animals, which seems to be allied to fatty degeneration in our own arteries, and finally even by the frequent granules deposited in the arteries of our own brains in some instances of disease, as recorded by VIRCHOW'S *Archiv.*, 1859, vol. xvi, p. 564.

A still more morbid condition is seen in pigmental degeneration of mucous corpuscles in the gray, smoke-colored mucus expectorated at the close of bronchitis, the peculiar color which has usually been ascribed to carbon, being really due to an abundance of pigment granules in the cells, which closely resemble those already spoken of as giving the streaked appearance to the lung. Inhaled carbon may be present in such mucus, but the color is not entirely at least dependent upon it, since nitric acid or chlorine will cause it to entirely disappear. In fibrinous lymph corpuscles again, we have another evidence of this same degeneration seen in the various shades of black and gray which pervade the lymph of peritonitis, which shades are produced, not as formerly supposed, by staining from intestinal gases, but by the incorporation of free pigment granules. [Rokitansky. DEF. W.]

Pigmental adhesions are also spoken of by PAGET, in which black spots appear like the pigment marks of the lungs and bronchial glands.

Pigment granules of all kinds greatly resemble each other and are usually spherical in form. They are sometimes scattered either sparsely or thickly throughout the cells, being also often found in free liquid; but this may have been from an over-distension and rupture of the cell allowing their escape.

Having thus seen that coloring matter is found both normally, and as a product of degeneration, let us see if it progresses still further to give rise to what we call melanosis.

Now for some reason, not clearly understood, an excess of this coloring matter sometimes pathologically centralizes itself, as in the instance before us, and we have tumors of various grades of colors, according to the proportion of the contained pigmental matter.

Now, melanosis is so frequently seen in association with medullary cancer, that we have come, unduly perhaps, to connect it with this, and the name of "black cancer" has been given it, but melanosis is not cancer; it is simply, as we understand it, an anatomical perversion. The tumor before us is not cancerous; at least not cancerous because it is black instead of red; yet it has an unpleasant look, and as usual, causes much alarm to the patient and friends.

That moles and melanoid nævi do tend, or at least are liable to degenerate into cancers, is undoubtedly true; but in their early stages their structure is simply that of natural skin and epidermis only altered by the deposition of a little coloring matter. This mole upon the lady's face was simply a disfigurement, until recently, when it has commenced to grow, and when this stage of activity is reached, it is time for us to interpose with surgical aid, just as we would when a wart takes on epithelial degeneration.

As I have said, the cause of the commencement of this active stage is undetermined, yet when the constitutional cancerous element is established, then these spots seem to be the least able to resist the disease, and degeneration begins, accompanied soon by increase in size, and perhaps by twinges of pain.

Such a stage of activity may never occur, and many such nævi or moles are carried quietly to the grave of persons advanced in years; yet, even at a late day rapid development of the disease may and has occurred. At first such commencing cancer can but be seated in the skin and subcutaneous-connective tissue, differing only from medullary cancer in such region by the presence of a little pigment; and this is the time for removal.

Their usual primary occurrence, near the seats of natural pigments, shows a tendency to conformity with the character of the adjacent natural tissues. True melanosis cannot be regarded otherwise than as pigmental degeneration of medullary cancer, the granules to which the color is due filling the cells about the nucleus, and finally, perhaps, changing it into a granule mass, thus forming a parallel in character of action to that undergone in the process of fatty degeneration.

With the knowledge now that these dark growths are not without danger after the commencement of this period of activity, we have no hesitation in advising this woman to have it extirpated at once.

As to the manner of removing these nævi, I have often given you my views, (vide REPORTER Oct. 15th, 1870), and need not dwell further upon them at the present time. In this case hot needles, galvanism, etc., etc., are not applicable, and would also be useless. The knife is needed, and free excision performed, or else a complete circumscribing of the base with the knife, and then a strong ligature thrown around the remaining portion, thus strangulating it completely. This is, you know, my favorite method for nævi, yet there are

many cases where the knife is preferable. The one before us is so movable that the ligature can separate everything to the depth of all diseased structure, by simply passing long pins through a little below the base, before tightning the knot, and thus pressing the silk far down into the tissues. These pins are removed after the tightening of the ligature.

When the slough separates I often apply chloride of zinc to the base, thus ensuring a double safety, and giving good, healthy granulations.

The dressing may be simply dry lint, or lead water and laudanum, if inflammatory symptoms present themselves.

[The skin was then incised and a strong ligature thrown about the tumor. Separation occurred on the 5th day, and the wound healed well.—DEF. W.]

Epithelioma.

Here is a man who has an unhealthy ulcer upon his brow, which was removed some years since, but has recently returned and gives him considerable uneasiness, and occasionally a little pain. The edges are jagged and the bottom foul, while around it the parts are quite solidly indurated. Its return shows either that all the diseased structure was not removed, or that there is in this case a tendency to reproduction of the disease, perhaps the commencement of carcinomatous degeneration. The growth is evidently epithelial, but as you know, even an epithelial cancer has at first but a local signification, the constitutional condition being but secondarily produced. The induration about this ulcer is not yet sufficiently diffuse to indicate any serious change in its character, yet it is the best and safest advice to favor its removal, before any further damage has been inflicted upon his general system.

If this is cancer, it is certainly but feeble in degree, and is so often cured that we can almost assure our patients of a non-reproduction of this difficulty. Some have tried to banish it from carcinoma altogether, and place it among chronic inflammations as ulcus rodens (HUTCHINSON), or a form of lupus; but the possibility of its change to proliferating cancer of the skin, as well as the various combinations of this neoplasia with distinctly marked cancer in some points of the infiltrated edges, would seem to place this upon the border, as it were, among the mildest and feeblest of them all.

This man's tumor can be thoroughly removed, I believe, and never give him further inconvenience. We shall, therefore, slough it away by the ligature, taking, as is our rule, the precaution of guarding against erysipelas, by first cutting through the layer of skin around its base, which is here an inch and a half in circumference.

[Base incised and ligature thrown around it in two portions, being guided by pins, as in the preceding case. Chloride of zinc was also applied around the base so that every portion might be entirely destroyed. The only dressings used were alum-water cloths. The next morning the obstruction of circulation in the lid had caused considerable œdema, but this was only transient and gave no pain.—DE F. W.]

JEFFERSON MEDICAL COLLEGE.

Surgical Clinic of Prof. GROSS.

[REPORTED BY RALPH M. TOWNSEND, M. D.]

April 21*st*, 1871.

Scirrhus.

I present a group or class of patients this morning, all suffering from the same affection—scirrhus, or a morbid product denser and firmer than the natural tissues, if we except cartilage, tendon and bone.

Scirrhus occurs frequently; as a rule after middle life. It is alike malignant and melancholy—interesting and intracticable.

CASE I. This lady has passed middle life, being fifty-nine years of age. About a year ago, in alighting from a carriage, she fell and struck her right breast. Two months afterward, sharp, darting, stinging pains were felt in the gland. Simultaneously a small tumor was discovered that has gradually increased in size up to the present, and now we find the whole substance of the gland implicated. Four months since the superimposed skin became discolored and now presents a purplish-red, mottled appearance. The discoloration is well defined. The nipple is retracted and surrounded by a groove or gutter. The breast is hot, but movable, the tumor as yet having contracted slight or no adhesions. The tumor feels hard, smooth and brawny. The lymphatic ganglia of the axilla are enlarged and indurated. As an exception there is no enlargement of the subcutaneous veins of the breast.

Such, in brief, are the signs and symptoms as presented. Now this is not a favorable case for an operation. This woman is flabby, and belongs to a class where pyemia or erysipelas would almost surely follow the use of the knife. Again, on account of great involvment of the breast, it would be impossible to secure skin enough to cover the wound, and the patient would not survive the slow process of granulation. Finally, there is excessive glandular involvement. All that we can do here is to palliate and soften. We will give this woman quinine, iron, brandy and nutritious food. When ulceration sets in we must keep the parts clean and free from fetor. Pain must be allayed by the free use of anodynes. We will keep this patient's arm supported in a sling, and pay attention to her secretions.

In these and similar cases the contraindications to surgical interference are:

1. When the disease is congenital or arises soon after birth.

2. When it exists in several parts of the body, as the mamma and uterus.

3. When there is extensive glandular involvment or marked evidence of carcinomatous cachexy.

4. When the disease is rapidly advancing, leaping suddenly into surrounding tissues, and constituting, as it were, an acute form of malignant action.

5. A quickened state of the pulse, arising from local irritation, augurs unfavorably.

7. Latent cancer should not be tampered with; and finally, where serious disease of an important internal organ coëxists with cancer, the impropriety of an operation is obvious.

Scirrhus of the Rectum.

Mrs. A. E., æt. 50. In this patient we have an extraordinary and truly melancholy case. For over two years she has been afflicted with scirrhus of the rectum, which has progressed until it has produced fistulous openings into the vagina and urinary bladder. There is, of course, an interchange of the contents, rendering the condition of this patient most unhappy. On the right side of the verge of the anus is a hard, gristly tumor, which extends by a ridge forward toward the vagina and back toward the coccyx. On the left side there is hardness, but no ridge or tumor. She has no control over the bladder. The sphincter ani, the janitor of the lower bowels, is destroyed, and for more than a year past the contents of the bowels have escaped *ad libitum*. The tumor is ulcerated and intensely painful. Her whole system is poisoned. She suffers constantly, is thin and weak, and her life is intolerable.

This variety of cancer is called by the books epithelial; but it is the same as scirrhus in other parts of the body, modified only by the parts involved. This is scirrhus to all intents and purposes, and is wrongly called epithelial.

After a time this disease will involve the entire pelvic viscera; and hence in this case our only treatment is that of a palliative nature. Cleanliness of the parts with deodorizing injections, as permanganate of potash, or chlorinated soda, is called for. With these, to mitigate the pain, may be given injections of laudanum, or opium suppositories. If injections cannot be retained, then opiates may be given by the mouth. We must alleviate this intense pain at all hazards. Tonics will also be given. Thus, by a supporting and palliative treatment, we hope to prolong her life, or at least render less painful her passage to the grave.

Returning Scirrhus of the Breast.

This lady, æt. 48 years, was here in September last, with a carcinomatous tumor of the right mammary gland. It was extirpated on the 28th of that month. The incision extended to the axilla, and between forty and fifty enlarged lymphatics were removed. The disease has returned and now presents as a large, soft tumor, on the edge of the pectoralis muscle, extending from thence far up into the axilla. The neighboring lymphatics are enlarged, and the lymphatics of the neck are affected. Scirrhus at first—it now appears as encephaloid. The general health of the patient is not good. Her complexion is sallow, and her system is evidently affected by the disease. No second operation can be ventured on in this case. We can only palliate symptoms and wait for the worst.

This lady, Miss H., was also operated upon by me for cancer of the breast last September. Three months ago the disease returned, making its appearance a little higher up than its original site. Scirrhus occurs in the breast much more frequently than any other form of cancer. In this case it first appeared as a circumscribed tumor of small size, hard and modulated, which slowly but gradually increased.

If allowed to grow on unmolested, the scirrhus tumor enlarges, involves the skin and lymphatics, and ultimately the whole system. There is no cure for such a condition. Constitutional remedies are useless, and extirpation by the surgeon's knife only promises temporary relief. When you do decide upon an operation, remove the entire gland. Leave not a vestige behind! Yet, even when this is done, the patient is not cured, but the disease generally returns in from four to six months after the operation. Scirrhus, after being removed, as seen in the case previous to this, is often followed by encephaloid.

This is a case favorable for a secondary operation:

[The incision was made directly below the ciratrix of the former incision; but was extended further toward the axilla. The disease had involved a considerable portion of the pectoralis major muscle, which portion was removed. An enlarged lymphatc ganglia, extending nearly to the clavicle, was discovered and carefully removed. All diseased parts having been carefully dissected away, the parts were brought together by sutures and adhesive strips. Rest was enjoined upon the patient, with *absolute rest* of the right arm.—R. M. T.]

Finally, to brighten up the dark pictures I have been showing you, let me bring before you what seems to be a perfect cure of scirrhus. Over two years ago I removed the entire left mammary gland from this patient. Two years prior to the operation she noticed a tumor in the breast which proved to be genuine scirrhus.

This disease, you know from what I have told you, has a great tendency to return after excision. Two years, however, in this case have elapsed, and no signs of recurrence have as yet appeared. Her general health is good; the lymphatic glands show no signs of involment; the cicatrix is soft and pliable, and everything seems to indicate a perfect

release from this terrible malady. Let us only hope this may be so, for the well-known tendency of the disease to return forbids us ever pronouncing a patient safe.

[Prof. Gross records in his surgery a woman who convalesced from encephaloid after the twenty-second operation. The number of tumors removed from first to last being fifty-one, varying in size from a small almond to a pullet's egg. The records of surgery may be challenged for a parallel case of this disease.—R. M. T.]

SURGICAL CLINIC AT LONG ISLAND COLLEGE HOSPITAL.

By Prof. Alpheus B. Crosby.

[Reported by Edward S. Bunker, M. D.]

Nasal Polypus.

Here is a man with some stoppage of the left nostril. When I close the right nostril with my thumb and tell him to blow through the other, you observe by the fine sibilant *rale*, so to speak, that he can scarcely force any air at all through the passage.

Now, as I turn him to the light and hold his head back, you all see what looks like an oyster lodged in the fossa. That is a nasal polypus. The true nasal polypus, of which you have here a fair example, is always gelatinoid. You will read in your books of fibrous, granular and vascular polypi, but please remember that the *true* polypus is gelatinoid, like the one before you, consisting almost entirely of a jelly-like pulp lodged in a delicate stroma of fibrous tissue. These are apt to be more or less pear-shaped, with a distinct pedicle, by which they are usually attached to one of the turbinated bones; never to any part of the septum naris.

They are remarkable for a hygrometric quality. In a dry atmosphere they will often shrink away so as to cause hardly any inconvenience, while in the course of a day or two of damp weather they will absorb moisture enough to render them plump and tense.

I remember seeing, a few years ago, a gentleman who had recently landed in New York, after several years' sojourn in a dry California atmosphere. The day after his arrival an easterly rain began, and in twenty-four hours he was surprised to find both his nostrils firmly occluded. I made an examination, and within a few weeks extracted eleven distinct polypi, which had never before given my patient any hint of their existence. After a short time the trouble returned—as is not uncommon in such cases—and the gentleman was finally obliged to quit this damp region and return to California.

Now there is but one treatment for these cases—forcible extraction by tortion.

You observe that I take a pair of long slender forceps, properly curved, with serrated and fenestrated jaws, and introduce them into the meatus, gently separating the blades. At the same time I direct the patient to blow through the nostril. This brings the polypus forward within reach; I seize it by its pedicle, twist or break it off; and here you see I have brought away the greater portion of the mass.

Returning the forceps, I seize the remaining portion, and twist it off in the same way, bringing away a fragment of the spongy bone, which is all the better; now, you observe, he blows freely through the nostril. The hemorrhage is sometimes pretty free, but easily controlled by injections of cold water. Generally, however, no styptic is required.

Epithelioma.

This woman, 60 years of age, had a wart on the back of her left hand, which two years ago began to trouble her. You now see an ulcer, of the size of a half dollar, with peculiar incurvated edges, as if some rodent animal had been gnawing away beneath them. Hence you would characterize this as a rodent ulcer. Notice, besides, the indurated, œdematous condition of the hand, the puffy swelling of the fingers, and the sallow, cachectic complexion of the patient. In January, her physician removed a mass of adventitious growth, but, as you see, it has redeveloped.

I suppose this to be an epithelioma, and, in my judgment, malignant. Cancerous growths, you know, are often classified as

1. Encephaloid, or soft cancers.
2. Scirrhous, or hard cancers.
3. Epithelial.
4. Colloid, disputed by some authors.

Now, the epithelioma may be regarded as a scirrhous affection of the epithelium or epidermis, which tends less rapidly to a fatal issue than some other forms of cancer. It is specially apt to develop at lines of junction of the skin and mucous membranes. Occurring on the lip, where it is known as "smoker's cancer," it is tolerably manageable, and may be removed with a fair ground of hope that it will not return.

Cancer is a malignant disease, tending almost inevitably to a fatal result. First, you have the formation of a primary deposit, which develops up to a certain point, then degenerates into various forms of ulceration. Sometimes the tumor bursts through its tegumentary covering, and everts into a mass, having the appearance of a cauliflower, and known as a fungus hæmatodes.

Then, after a while, secondary deposits occur in other parts of the body. These are to be looked for especially along the course of the adjacent lymphatics.

Now, what ground for hope does an operation hold out? Not much. You will remove a great many cancers. I have removed a great many, and

I have had some remarkable instances—"show" cases I admit—where the patients have lived a good many years and died without any return of the cancer. Nevertheless, you may rely upon it, that if your patient lives long enough after the operation he will surely die of cancer at last, the disease recurring in the cicatrix, in adjacent glands, or in some internal organ. The average duration of life, after operation, is a little over two years. Many, however, survive only a few weeks; and the majority of patients fall below the above average, which is kept at a rather delusive figure by the excepceptional cases of long life after the removal of the diseased part.

You will use the knife then as a palliative measure, and with the hope that life may be prolonged. Be frank with the patient, or at least with the patient's friends. Say to them: "Removal offers the only chance of safety; but then it is a very poor chance. Yet patients do sometimes recover and die after many years of some other disease; possibly this may be one of the fortunate cases, &c." In the case before us I advise amputation above the wrist.

MEDICAL CLINIC.

April 3, 1871.

By Prof. Samuel G. Armor.

Idiopathic Anæmia.

I shall probably have many cases of anæmia to present you; it is an extensively diffused pathological condition, and for this reason demands our careful study. The patient before you, a young lady of 23, presents all the obvious signs of this general condition. She has paleness of the mucous membrane of the lips, tongue, and surface; is easily fatigued, complains of severe headache, shortness of breath, palpitation of the heart, and on examination I find distinct murmur, which accompanies the first sound of the heart. It is a widely diffused murmur, and is heard at the root of the neck as well as over the base of the heart. We have every reason to believe that it is an inorganic or anæmic murmur, resulting from the then watery blood, and not from valvular lesion. We learn from this patient that she has been anæmic for two years or more, during which time she has greatly suffered from the irritation, or rather perversion, of nervous function so peculiar to cases of anæmia. The case of this young lady differs, in some respects, from many that we have seen in these cliniques. I ask you to call to mind the general fact, repeatedly stated, that anæmia is, in a large majority of cases, a *secondary* state or condition. I shall not occupy your time, at this hour, in enumerating the many local or general causes; they all concur, however, in either interfering with the reformation or renewal of the blood, or in operating directly on the blood itself. On careful inquiry it is difficult to arrive at a satisfactory conclusion as to the causation of the anæmia in this case, and to cover our ignorance, we agree to call such cases "idiopathic anæmia." I can not ascertain from the patient that she has had any of the many complications of anæmia; either coincident or causative. She is regular in her menstruation, does not suffer from constipation and flatulency, so often present; her digestion is fair; the headache, palpitation of the heart, nervousness, and general weakness are the more marked phenomena.

Now what shall we do for this patient? Obviously, the great leading indication is to restore to the blood its two distinct physiological properties of *nutrition* and *stimulation*; and in the order of importance, let me first mention good, nourishing food, moderate out door exercise, and agreeable mental and moral surroundings. In addition to this, we shall give this patient the benefit of a good blood and nerve tonic. Thus we secure in the joint action of *iron* and *quinine;* and to this combination I will add minute doses of arsenious acid. Arsenic is a valuable addition to iron in almost all these cases of anæmia. It appears to quicken the assimilative process, promote healthy nutrition of nerve center, and is very marked in its influence over irritative actions generally. We will put the patient then on

℞.	Iron by hydrogen,	℥iss.
	Quin. sulph.,	℥j.
	Arsen. acid,	gr.j. M.

M. ft pil. No. 50.
S.—One after each meal.

We will order her, in addition, a pill composed of one-half grain each of watery ext. of aloes and hyocyamus; one to be taken after dinner to keep up gentle eliminative action along the intestinal track.

In connection with this case I present a somewhat typical case of *chlorosis.* This case presents, also, all the prominent characteristic symptoms of anæmia. It has been named from the peculiar greenish palor of the face. The patient, a young girl of 18, is, as you see, plump and rotund in her general appearance indeed, the fat in the subcutaneous aveolar tissue is in a state of exuberant development. This condition furnished a marked distinction between chlorosis and chronic anæmia. It is a disease of common occurrence in young females who mensturate early; *i. e.*, before the development of the breast and pubes. But the mensturation is usually scanty, or sometimes entirely absent. There appears to be want of dynamic force, loss of ganglionic nerve power, which presides over the functions of organic life. Hence the absence of ovulation, the shortness of breath, the neuralgia, the signs of hysteria, the cardalgia, and other disorders of digestion. So prominent are the nervous symptoms that, by many pathologists,

the morbid condition of the sympathetic, or vaso-motor nerve, is regarded as not merely coincident but *causative* of chlorosis. It is supposed to originate in some peculiar loss of power of the ganglionic nervous system, which actuates the blood vessels and gives vitality to the blood. This patient, unlike the one just presented, suffers from deficient menstruation, constipation of the bowels, flatulency, and is also intensely nervous. Her principal complaint however, is headache, for that she came to be prescribed for. And just here there are often fatal mistakes made. Practitioners are sometimes tempted to cup and purge, and deplete, for the purpose of relieving supposed congestion of the brain. The general plumpness of the patient is calculated to mislead. A sound pathology, however, points to an opposite course of treatment. We will prescribe for the patient good, nourishing diet, shower bath to the spine, followed by warm frictions, out-door exercise, together with iron and nerve tonics. Iron is sometimes not borne so well as in cases of pure anæmia. However, judging by the general appearance of this patient, and by the "heart murmurs," we can scarcely err in giving her iron. I desire to give this patient, also, minute doses of arsenic with this iron: We will order her, therefore,

℞.	Arsen. acid,	grs. iv.
	Acid hydrochlorici,	℥iss.
	Mur. tinct. iron,	℥ijss.
	Aquæ ad.,	Oj.

Sig.—Teaspoonful after each meal.

We will order her, also, a dinner pill, composed of watery ext. aloes, 1 gr., sulph. iron, 2 grs., ext. nux vomica, ¼ gr., one to be taken after dinner, or two a day, if necessary, to keep up gentle action on the bowels.

Chorea.

The next case I present you belongs to the class of neuroses, characterized by muscular movements. It is known by the term *chorea*, or *chorea sancti viti*, or *St. Vitus's dance.* It is a disease peculiar to early life. It generally occurs between 10 and 15 years of age. The little patient now before you is 12. You will notice at once the difficulty which this little girl has in harmonizing muscular motion. These comical and ludicrous grimaces, grotesque contortions of the spine and trunk, and fantastic gesticulation, I beg to assure you, on the part of my little patient, are entirely involuntary. The motion of the muscles are so unsymmetrical, that the term "insanity of the muscles," seems quite appropriate. You will observe, also, that she is anæmic; this condition often coëxists; and endocardial murmurs are frequently detected. But they do not, of themselves, constitute evidence of endocarditis. The pathology of the disease is very obscure. We may safely assert, from the phenomena of the disease, that it is a purely *motor neurosis;* but, beyond this general statement, our knowledge is limited. It has been conjectured that it consists essentially of anæmea of the cord; others regard it as rheumatic in character; while others consider it a disorder entirely functional or dynamic in character, and independent of organic change. Further observations are greatly needed to elucidate this obscure malady. In the meantime, we have to base our treatment on general indications. These are: (1) To remove all sources of irritation which may tend to aggravate the disease, such as constipation, worms, cerebral congestion, etc.; (2) To sustain, strengthen, invigorate, and thereby quiet the nervous system.

The first indication is met by the use of gentle purgation. This patient, like almost all others who suffer from this disease, is troubled with constipation. I shall order her, therefore, a pill composed of cimicifugin, ½ gr.; comp ext. col., ¼ gr.; podophyllin, 1-10 gr. Take one of these morning and evening, if necessary. The second and main indication is to counteract the depressed nervous energy, and lessened general vitality. To accomplish this, we must resort to general tonic and restorative treatment, such as nourishing food, regular exercise in the open air, shower bath, with iron, arsenic, etc.

The whole class of nerve tonics and sedatives, have been tried and used with asserted success. In anæmic cases, I am partial to the use of iron and arsenic. We shall order for this patient 6 drop doses muriated tinct. iron, with 2 drops Fowler's sol. ars. In the meantime, we shall put the patient on a systematic course of hygiene, and under this general management we shall hope to hear a good account of the case.

COLLEGE OF PHYSICIANS AND SURGEONS.

DISEASES OF WOMEN.

April 14, 1871.

Service of Dr. James L. Brown.

Cauliflower Excrescence of Cervix—Proposed Operation for Cure.

M. L., æt. 22; sterile 3½ years; married. Dr. Brown brought the case—who is a private patient of his own—before the class to show the progress of epithelioma.

He first saw her a year ago, when the main trouble was sterility. On examination no uterine lesion was discovered beyond abrasion of the cervix.

In July, menses ceased, due, as was thought, to pregnancy; since that they have not reappeared. A week ago she was seen again, but complaining of no special trouble. By mere accident she was examined, when there was discovered a thickening of the lower parts of the cervix. The os much dilated, and from it presenting a cauliflower mass. In the centre of this was the proper canal of the cervix. The only symptom complained of was

slight pain in the back, but on close questioning the patient said that she noticed a scanty watery discharge.

Epithelioma, in the first stages, is not malignant. True cancer, whether scirrhus or medullary, is essentially malignant, and if removed, shows a tendency to return in other parts of the body.

Epithelioma gives rise to no pain worth considering, but there is with it usually hydrorrhœa. Cancer, on the other hand, causes severe lancinating pain. Epithelioma sprouts out, and in some cases the excrescence passes without the vulva. Cancer infiltrates the neck, but never sprouts.

Either epithelioma or cancer can be excluded by a normal cervix, as a rule, for the number of cases of cancer of the body of the organ on record are so rare that they need hardly be considered. Fortunately this case has been seen before; operation fails to relieve. There is yet a portion of the cervix not invaded.

It is proposed next Sunday to amputate by the *Galvano Caustique*. In either of the cutting operations the bleeding is profuse and difficult to control, but with the latter instrument the operation can be finished in ten minutes without hemorrhage, and so little pain is felt that an anæsthetic is not required.

Every few months a case comes to this clinique in which this operation has been performed, yet no signs of epithelioma have manifested themselves.

Movable Kidney.

M. H., æt., 35; physical examination of the patient reveals a tumor the size of a goose egg in the right side; this tumor may be slipped about from the crest of the ilium to the pubes, but when turned on the left side, tumor disappears.

The diagnosis rests mainly between an inverted gall bladder and a movable or floating kidney. From the position, the peculiar sensation that pressure on it gives rise to, together with its complete disappearance on changing, the inference is that it is the latter.

Mural Fibroid.

S. C., æt. 35; married; 12 years sterile. Has not menstruated for a year, but previously had menorrhagia with dysmenorrhœa. Vaginal examination shows the cervix long; the uterus enlarged to about the size of the fist, and moveable from periuterine cellulitis. The exudation has crippled the ovaries and in this manner prevented menstruation. Fortunately that it is so for the patient. If not, she would have continued with menorrhagia till the menopause. The cause of the uterine enlargement is a mural fibroid, and no treatment is indicated. Every month it will give her less trouble, until she ceases to be aware of its existence.

Medical Societies

CINCINNATI ACADEMY OF MEDICINE.

April 10, 1871.

[REPORTED BY J. W. HADLOCK, M. D.]

Abscess of the left Kidney, from Renal Calculus, Occurring in the Practice of Dr. D. H. Jessup, with Death of Patient.

The following is the report of the Section on Morbid Anatomy, to whom the specimen was referred—Dr. J. C. MacKenzie, chairman.

The right kidney measured seven inches in length, by four inches in breadth. The capsule was thickened, opaque and abnormally adherent. The surface of the kidney beneath was smooth and paler than normal—its color upon section; there was found in the corticle substance several cavities containing a reddish, buff-colored gelatinous fluid. One of these cavities was one inch in diameter; the others were smaller. These cavities were lined by smooth, tolerably fine membrane, and were quite insulated from each other and from the pelvis and cavities opening into it. In certain parts of both cervical and medullary structures there was reddish-yellow, tolerably consistent deposits, some of which were surrounded with extravasated blood. Elsewhere the kidney substance was very flaccid, and but few of the pyramids could be distinguished. It seemed from the odor and from the pressure of minute bubbles of gas in the tip that the specimen had undergone to a certain extent decomposition. The pelvis was very much dilated, and from it there were openings, two of them an inch in diameter, into cavities of greater or less depth in the substance of the kidney. Mucous membrane of pelvis, pale and thickened, ureter, where inflated, one-half inch in diameter.

The left kidney measured six inches in length by three in breadth; the capsule was thickened, somewhat opaque and adherent; substance beneath smooth, and paler than normal; in consistence it was quite flaccid, but seemed to be in a state of much better preservation than the other organ. Upon section, the cortical substance was of a pale fawn-color; the medullary of a dark-red. The distinction between the pyramids and the cortex was very well marked, because of the injection of the vessels passing round the bases of the pyramids. The thickness of the cortical substance between the bases of the pyramids and the capsule was one-third of an inch; the pelvis and ureter were normal as to size; the vessels of the mucous membrane of the pelvis were injected.

Microscopical Examination

That part of the right kidney seemingly least affected was found, under the microscope, very much altered from a state of health. The tubes could with difficulty be distinguished, being observed by the presence of granular matter. The gelatinous

fluid contained in the cavities in the corticle substance consisted entirely of granular debris and oil globules. The more solid deposits were composed of oil globules, granular matter and fibrous tissue.

A thin section of the left kidney presented nothing abnormal, except some oil globules in the epithelial cells.

The right kidney presented a most excellent specimen of pyonephrosis, and its cause is that which is most frequently found as the origin of that condition, viz.: the presence of a calculus in some portion of the urinary tract.

The other causes mentioned by writers are, obstructions to the flow of urine through the ureter by the pressure of a gravid uterus, ovarian cyst, or some other tumor, inflammation of the bladder and extension upward of that inflammation, or the interruption to the passage of the urine by swelling of the mucous membrane, closing the orifices of the uterus, or gonorrhœal or other stricture of the urethra, or inflammation attacking the mucous membrane of the pelvis of the kidney, affected by hydronephrosis. A most interesting condition in this kidney, and one very difficult of explanation, was the presence of fluid and solid deposits in the substance of the organ quite unconnected with the cavities opening into the pelvis, and consequently not due to the extension of inflammation thence. Their appearance under the microscope rather tended to the supposition that they were the result of carious degeneration, oil globules being the most abundant, morphological elements present in both the solid and fluid deposits.

Another point of great interest in connection with these specimens was the enlargement of the left kidney. It was at least 50 per cent. larger than a normal kidney. Its capsule was adherent and thickened, a condition often found in the granular kidney. But this kidney was enlarged; its section was perfectly smooth; it was rather softer than normal, and under the microscope there was no appearance of increase of the fibrous structure. In fact, it presented all the characteristics of a normal kidney, with the exception of its size, and the thickened condition of the capsules. Its enlargement is in all probability a compensatory hypertrophy, such as is sometimes found where the other organ has been incapacitated by disease for the performance of its function, as in hydronephrosis, pyonephrosis, cancer, etc.

In Bright's treatise on abdominal tumors, page 224, the description of the *post mortem* appearance in a case of pyonephrosis is given. The left kidney was converted into a membranous cyst containing discolored watery pus. "The right kidney was larger than usual, but did not seem to be diseased. Its hypertrophy was probably the effect of the suspension of the function of the left." On page 237, in commenting on the cases of cystic kidney previously mentioned, he says: "And it is not unusual to find that the healthy kidney has been considerably enlarged, from the fact of its having been called upon for more than its accustomed labor, affording a beautiful illustration of the importance of a double organ and the compensatory power in which nature, within certain limits, occasionally exerts."

Rokitansky, in his Pathological Anatomy, 2d vol., page 146, states that there may be hypertrophy "occasionally in one kidney after its fellow has been deprived of its functions."

Paget, in his Surgical Pathology, page 40, wrote this: "When one kidney is destroyed the other often becomes much larger, does double, as it is said."

Bennett, in his Clinical Medicine, pp. 796, 797, reports a case of calulus nephritis and gangrenous abscess in right kidney. The abscess would have contained a pint of fluid and the substance of the kidney was quite atrophied. Left kidney enlarged, weighing 13½ oz. Healthy on microscopic examination.

Roberts, in his treaties on kidney diseases, p. 410, quotes from the Wiener Medical Halle, 1864, p. 139, a case of Prof. Dumruchen, of hydronephrosis of the right kidney, in which the left kidney was enlarged, but healthy. In some remarks relative to this subject, on p. 416, he states that the kidney not affected performs a double duty and becomes correspondingly enlarged.

Prof. Flint, in the volume of his Physiology, relating to secretion, nutrition, and movement, page 170, states as the result of his experiments that he never found, after the removal of one kidney, hypertrophy of the other. In one dog, upon which nephrotomy was performed, the remaining kidney one year and nine months afterward, weighed the same as the one which had been removed. His opinion is that nature has provided more than enough working force for animals in health, and that where the function of one kidney is destroyed by disease this excess in the other prevents any ill effects.

He mentions, however, in a foot note, that Zelasky found, a month after the extrication of one kidney, enlargement of the other, but objects that it does not appear that the kidneys were compared. But it seems hardly likely that such an able experimentist as Zelasky would make such a statement without some basis for it.

The last authority to whom I shall refer is Rosenstein. He states in his treatise on the Pathology and Treatment of Diseases of the Kidney: Page 471, Berlin, 1870, that he has very frequently seen hypertrophy of one kidney result from extirpation of the other, and mentions one experiment in which the kidney of a rabbit when removed

weighed six grammes. Six weeks afterward the other was extirpated, and found to weigh nine grammes. He states, also, that often he has found hypertrophy of one kidney caused by disease of the other interfering with its functions.

Among all the authorities whom I have had access to, and who refer at all to this subject, only one, Flint, denies the occurrence of compensatory hypertrophy of the kidney.

Opposed to him are all the pathologists I have mentioned, as well as the two experimentalists, Zelasky and Rosenstein. It would, therefore, but be proper to admit that compensatory hypertrophy may take place, and in the left kidney referred to the Section, we think, there is a most excellent examp'e. As to whether the hypertrophy depends upon increase in the size of each individual element, or upon growth of new secretory structure is not very certain. None of the authors alluded to this point. In this kidney there seems to be no increase of size in the elements of the organ. Consequently, to account for the augmented volume, new growth would be necessary; however, to settled the point definitely, a much more thorough examination would be necessary than we have been able to give it.

BALTIMORE MEDICAL ASSOCIATION.

[REPORTED BY J. W. P. BATES, M. D.]

Pertussis.

DR. CURREY—In the outset the question may be asked, what is whooping cough? Some say it is a bronchitis, but this opinion is not supported by the *post-mortem* appearances. Besides, sometimes the catarrhal symptoms are absent, and the congestion of the mucous membrane is thus proved to be the effect and not the cause of the disease. In some cases we have all the symptoms of bronchitis; in others only those of simple catarrh, and between these two we may have the symptoms more or less intermingled. Others say it is an inflammation of the pneumogastric nerve. Out of eighteen cases examined by Dr. WEST, only one showed alteration of this nerve; and of forty-seven reported by other observers, it was healthy in forty-three, so that in sixty-five, only five showed alteration of the nerve, and in four of these it was attributed to hypostatic congestion. CONDIE says it is a spasmodic affection of the air passages produced by cerebral irritation. NIEMEYER says it is hyperæsthesia of the air passages. Some say it is due to germs absorbed from the air, and recommend that the air be examined. Dr. SAY thinks it may depend upon pressure on the pneumogastric or recurrent nerve by enlarged glands, such enlargement being produced by catarrhal inflammation.

The symptoms of this disease are so well known to every physician that it is not necessary to describe them.

Treatment.—We know of no abortive remedy. In the first stage, we treat as we would an ordinary catarrh. In the second stage, many remedies have been used; and the nervines and nauseants have been especially praised. Dr. EBEN WATSON speaks very highly of a solution of nitrate of silver applied to the larynx. TURNBULL says nothing acts so promptly as belladonna. Dr. ATLEE, of Lancaster, says hydrocyanic acid is very useful, and usually cures in from four to fourteen days. I have seen as much good from this combined with iron as from any other medicine. Inhalations of chloroform and of carbolic acid have been used with supposed advantage. The latter will cut short the spasm. ARNOLDI extols the virtues of nitric acid, diluted to the strength of lemonade, and claims that it cures in three weeks. MCKELLY says it is almost specific in its effects. Hydrate of chloral has been used, but I do not find it stated that it will shorten the attack. We may use good food, out door exercise, tonics, and chloral, bromide of potassuim or hydrocyanic acid to moderate the spasmodic symptoms. The natural tendency of uncomplicated cases is to recovery.

Dr. UHLER.—I would like to know whether the members have found it a very dangerous malady in young children, from two weeks to one month old. In most of these cases which I have seen it ran a very short course, and I have not seen a death from it.

Dr. JONES.—The tendency of bad cases is not to health. The sequela are numerous and dangerous, and depend upon the diathesis of the patient. I think it starts as a nervous disease—the pneumogastric being the nerve affected—and afterward the digestive organs become involved. I have used with beneficial effect a mixture containing bromide of potass, fd. ext. sumbul and syr. wild ginger; and a plaster of assafœtida, belladonna, and sometimes camphor. I think I have seen the disease cut short by these means; of course I use tonics when indicated.

DR. TANEYHILL. I have used

℞. Syr. ferri iod., f.℥iss.
Syr. pruni virgin., f.℥ijss.

Dose.—From one-half to one teaspoonful every third hour to a child fifteen months old. The cases last from two to four weeks.

Dr. ARNOLD. I am more and more impressed with the little reliability of therapeutic remedies in this disease. We have so many medicines presented for our acceptance; some based upon certain pathological theories; some upon no theory at all, and others upon a delusion. In my own family this disease prevailed; I did nothing for it and it got well in six weeks. If I had used medicines I would

have thought that I had cured it. We know nothing of its cause; there is great diversity in regard to its pathology, and no unanimity of treatment. Many popular remedies are in use, but in bad cases no remedy seems to be of any great benefit. The sequelæ are very fatal and not very rare. The blood is so impoverished that the patient becomes very liable to fatal complications.

Dr. REYNOLDS—In a case I used ext. belladonnæ, gr. $\frac{1}{6}$ daily; the symptoms lasted seven days. Tried it in seven other cases, but none were relieved in less than two weeks. In another case which had existed five days, I used chloral hydrate which relieved in three days. In further use of this remedy it has not proved so beneficial; it controls the paroxysm, but does not cut short the disease.

Dr. FRIEDENWALD—Authors speak of curing their cases in two weeks, yet physicians generally acknowledge that we have but little control over the disease. The question may be asked, are these cases, which are so promptly cured, cases of whooping cough. The first stage lasts from one to two weeks. It is impossible to make a positive diagnosis during this stage. If we use remedies from the onset we may often flatter ourselves that we have cut short a case of whooping cough; but if we wait we find that it is only simple catarrh.

DR. CURRY—It is difficult for the general practitioner to come to any conclusions in regard to the efficacy of treatment. It is only in children's hospitals, where the cases can be observed from the onset, that remedies can be tested. The syrup of wild ginger was a very popular remedy in this city, and almost all druggists kept a mixture on hand, composed of cochineal, carb. potass. and syrup of wild ginger; but it has little reputation now. Leaving out the complications, the disease tends to recovery, and I do not think we are justified in considering the complications as essential parts of whooping cough.

OHIO SOCIETIES.

The Academy of Medicine of Meigs and Mason counties convened at Pomeroy, Ohio, April 6th, at 7 p. m., Dr. Whaley in the chair.

This being the first night of regular election, the following officers were elected to serve for the ensuing six months, viz.:

President—A. L. KNIGHT.

Vice President—D. C. WHALEY.

Recording Secretary—T. CURTIS SMITH.

Corresponding Secretary—J. Q. A. HUDSON.

Censors—Drs. GEO. ACKLEY, C. R. REED and H. C. WATERMAN.

The discussion of Pneumonia, which had continued through several preceding meetings, closed this evening. Subject appointed for next meeting—Spinal Meningitis—T. Curtis Smith, essayist. Dr. J. Train, of Pomeroy, reported an interesting case of puerperal convulsions, with treatment, in which craniotomy was performed by him, he deeming the operation necessary to effect delivery and save the mother: a primipara case. The case and treatment of the disease were discussed at considerable length.

Moved to adjourn to meet at Middleport, Ohio, April 13th, at 7 p. m.

D. C. WHALEY, Vice Pres't.

T. CURTIS SMITH, Sec'y.

EDITORIAL DEPARTMENT.

PERISCOPE.

Chloralum—(Chloride of Aluminum.)

This salt, says *The Druggist's Circular*, is new in therapeutics, although it has been long known in the laboratory and by the aluminum manufacturer; but the anhydrous chloride has never served for medical or sanitary purposes, and it occurred to Prof. GAMGEE last year to have a hydrated chloride of aluminum manufactured and sold for its active antiseptic, deodorizing and disinfecting properties. A long name being objectionable for trade purposes, he called the new salt "Chloralum;" and notwithstanding the manufacture is recent, a thirty per cent. solution is being daily produced in England by the thousand gallons, and a thirty per cent. odorless disinfecting powder at the rate of four tons per diem. The first samples were sold in August last; the trade soon began to assume important dimensions, and it is now fairly developed over the whole of the British Isles. A first consignment has lately been shipped to the United States, and an opportunity for testing the virtues of this remarkable agent is now afforded our medical and sanitary men and pharmaceutists.

The chief merits of chloralum consist in its being without smell, and as harmless a chloride as the chloride of sodium, or common salt. Its power of preserving organic substances partakes of the power due to its aluminous base and chlorine. A solution of one part of chloralum to twenty or thirty of water, preserves fish and flesh, which may be suspended in the air to dry as if treated with carbolic acid, and may be cooked and eaten whenever desired. A small quantity added to milk prevents its decompo-

sition, and the beer botlers are using it in dilute solutions as a substitute for bisulphite of lime. It removes the mouldy odor of musty casks, and may serve a thousand and more purposes in the arts and manufactures than have yet been determined.

Professor Gamgee, who is said to have devoted his whole life to contagious disease prevention, has aimed at introducing chloralum as a disinfectant. For this purpose it can be used like carbolic acid or a solution of chloride of zinc. It is not volatile, but by means of a good spray-producer may be made to purify the atmosphere of confined apartments. It attracts to itself all moisture, and the moist particles enclosing or embodying the fever-germs are absorbed, if a cloth damped with it be suspended in the sick room. Mr. CAMPBELL DE MORGAN, of the Middlesex Hospital, London, uses this solution in the antiseptic treatment of wounds; Mr. EDWARD LUND, of the Royal Infirmary, Manchester, has employed it to remove the fœter of open cancer; Mr. SQUIRE, a Licentiate of the Royal College of of Physicians of London, has used it in whooping cough, diphtheria, scarlatina, and in diseases of the sexual organs. As a lotion in discharges, as a collyrium in eye-diseases, and especially in contagious ophthalmia, and as an astringent in diarrhœa, it has been found of immense advantage.

American physicians and surgeons will not be slow to discover the virtues of this new compound. All they want is a supply of the pure article, and a statement of its strength and properties. We therefore subjoin a table calculated to facilitate the prescribing and dispensing:

SOLUTION OF CHLORALUM.

A solution of 1,150 specific gravity at 60° Fahr. contains 1,500 grains of anhydrous chloride of aluminium in a pint of the liquid. Therefore,

One volume of this liquid mixed with			*Grns. of Chloralum per pint.*
0 volumes of water	has a sp. gr.	1,150, and contains	1,500
½ "	"	1,100, "	1,000
2 "	"	1,050, "	500
2¾ "	"	1,040, "	400
4 "	"	1,030, "	300
6½ "	"	1,020, "	200
14 "	"	1,010, "	100
29 "	"	1,005, "	50

In addition to a solution of the chloride of aluminium, a chloralum powder has been produced containing 30 per cent. of the salt. This powder will doubtless supercede the carbolic acid and other powders which are so offensive.

Chloralum solution and chloralum powder are the best antiseptics to be used about slaughter-houses, stables and cow-sheds. Used on roads they prevent dust, and in winter they act more powerfully than common salt in preventing the continuance of snow. They can be used in spittoons, in bed-chambers, in the wards of hospitals—indeed, everywhere, without giving inconvenience, owing to their odorless character.

A styptic and antiseptic dressing for surgical purposes, and an admirable filtering agent for the purification of air, has been made for the Chloralum Company by the London Cotton Mills. They make chloralum wool and wadding, which, applied to bleeding wounds, arrests hemorrhage, or to suppurating wounds, arrests the discharge, and in a variety of other ways may be employed on or around the sick with marked advantage.

The Therapeutical Value of Veratrum Viride.

Dr. W. W. DOUGHERTY writes to the *American Practitioner:* Notwithstanding all that has been written on the subject, I doubt if veratrum viride is duly appreciated by the profession as a remedy in diseases of the circulatory and nervous systems. My experience with it embraces a period of fifteen years; and I am able to state, as the result of my practice, that I have found its action in such affections prompt, certain, and satisfactory. All practitioners must often have felt the want of a remedy in fever and inflammatory affections capable, without danger to the patient, of reducing the force of the pulse, and so of checking the progress of the disease. This we possess, I believe, in the article under consideration, and as evidence I submit the following cases:

M. M., thirty-five years old, stout and healthy, was seized with severe chills, general soreness, pain in the right side; high fever; pulse 125; respirations 30; cough and dyspnœa. He was cupped, and had a purgative of fifteen grains of calomel and twelve of rhubarb, and after its operation, tincture of veratrum, five drops every three hours. After three doses there was nausea and marked reduction of pulse, and the tincture was continued in doses of three drops every two hours. This was kept up for twelve hours, when the pulse, having declined to 80, with an abatement of all the symptoms, it was discontinued. I am sure I never saw a more violent attack of pneumonia, and yet in four days the patient was walking about his chamber.

Mrs. J. H., nine days after the birth of her first child, was taken with severe pain in the hypogastrium; intense headache, and fever. I found her with a pulse of 140. She took a gentle purgative, and after its operation five drops of the tincture of veratrum every four hours for three days, when the symptoms gave way. Some tenderness over the uterus remaining, she took the tincture at longer intervals for five days, when she was relieved.

Mrs. G., six weeks after her confinement, was threatened with mammary abscess. The mamma was enormously swollen, and very tender to the touch. Suppuration seemed imminent; but by the

persistent use of the veratrum inflammation was checked, and the tumor subsided without the formation of matter.

I might report many cases of pneumonia, with symptoms well marked, in which the veratrum clearly arrested the disease; cases which, under the treatment of the times, would probably have run a course of many days. I have also seen it check inflammation in puerperal fever; and in erysipelas and scarlet fever it exerts a happy influence in moderating the heat by reducing the power of the circulation. And, what may seem a contradiction, it has proved beneficial in cases attended by debility of the heart, induced by a very frequent pulse. In this condition of things it moderates the frequency of the pulse and increases its volume, and has proved an efficient agent in cases of palpitation of the heart.

I have thus briefly stated my experience with a remedy, the full potency of which, I am persuaded, is not yet generally recognized by practitioners. In fact I know that many physicians are still timid about administering it. Its action is certainly in some cases so decided as to cause anxiety; but the danger is rather apparent than real, and the alarming depression soon passes off, either by the natural force of the system or under the action of stimulants. While it is an agent of decided powers, I am thoroughly convinced that it is one which may be used with perfect safety; and as a remedy for reducing fever it is unquestionably much preferable to the lancet and tartar-emetic, at one time so much resorted to for the attainment of that end.

Intoxication by Fungi.

In KENNAN'S interesting "Tent Life in Siberia," there occurs the following passage: After due conclusion of the ceremony (a Korak marriage) we removed to an adjacent tent, and were surprised, as we came out into the open air, to see three or four Koraks shouting and reeling about in an advanced stage of intoxication—celebrating, I suppose, the happy event which had just transpired. I knew that there was not a drop of alcoholic liquor in all Northern Kamtchatka, nor, so far as I knew, anything from which it could be made; and it was a mystery to me how they had succeeded in becoming so suddenly, thoroughly, hopelessly and undeniably drunk. Even Ross Browne's beloved Washoe, with its "howling wilderness" saloons, could not have turned out more creditable specimens of intoxicated humanity than those before us. The exciting agent, whatever it might be, was certainly as quick in its operation, and as effective in its results, as any "tanglefoot" or "bottled lightning" known to modern civilization. Upon inquiry, we learned, to our astonishment, that they had been eating a species of the plant vulgarly known as toadstool. There is a peculiar fungus of this class in Siberia known to the natives as "muk a moor," and as it possesses active intoxicating properties, it is used as a stimulant by nearly all the Siberian tribes. Taken in large quantities, it is a violent narcotic poison; but in small doses it produces all the effects of alcoholic liquor. Its habitual use, however, completely shatters the nervous system, and its sale by Russian traders to the natives has consequently been made a penal offense by Russian law. In spite of all prohibitions, the trade is still carried on, and there were twenty dollars' worth of furs bought with a single fungus.

Friendly Visits.

Mr. Liston was once asked by a patient to take part in a hunting excursion with the hounds in a northern county: he complied. His opinion was asked in regard to a certain case: he advised amputation of a limb, performed amputation in his usual masterly manner, and—was reminded, when he claimed his fee, he was regarded "merely as a friend." Liston said to us, "I never again accept an invitation to be mounted 'as a friend.'" Radcliffe tells us that on one occasion a miserly old merchant attempted to steal his opinion with regard to his own case. "What shall I do?" said the patient to him. "Why, sir, I should advise you to take advice"—a very proper response to the would-be-pauper patient. The lawyers are shrewder than we are in these matters. Mr. Fazarkley was once asked by one of his hunting friends what he would do under certain circumstances. "I think," said he to the inquiry, "I should defend the action." The action was defended, and defendant mulcted in damages and costs. "I lost my cause," said his hunting friend to Mr. Fazarkley, "by acting upon your opinion." "I don't recollect it," said Fazarkley. The vanquished defendant thereupon replied, "You gave me that opinion when we were riding together to meet the Pytchley hounds." "Oh!" said Fazarkley, "that was my *traveling*, not my *professional* opinion." It is scarcely necessary, we think, to draw a moral from these facts.

Turpentine and Phosphorous.

MM. HÖHLER and SCHIMPF have reported in the *Berliner Med. Wochenschrift* that they have repeated the experiments of Personne with the following results: Commercial oil of turpentine is a good antidote to poisoning by phosphorus. There is no fatty degeneration of the tissues, nor is there any free phosphorus found in the system of the animals experimented on. Phosphorus and turpentine oil form in the stomach a compound resembling spermaceti, which is readily excreted.

Medical Students of Both Sexes.

A writer in the British Medical Journal says:

It is a familiar and fundamental truth of psychology, that a man may regard objects and situations at one moment in what may be called an emotional mood, while at another time he may look at them from a purely intellectual or scientific stand-point. In the former case he excludes from his view no detail of the situation that can minister to his feelings; in the latter temper, he is entirely absorbed with the matter-of-fact aspect of what is before him. Even a confirmed botanist, albeit unused to the melting mood, may now and again be found to look at, say a primrose, in its poetical associations, after the manner of Wordsworth, and to forget for the moment that the plant before him affords a good illustration of suppressed whorl or what not. We have, indeed, heard of a celebrated anatomist of Stockholm who was so entirely an anatomist that, even in a drawing room, the head and neck presented itself to him in an anatomical light, and so betrayed him into habits which would otherwise have been considered rude. Exceptions apart, however, this duality of stand-point is an elementary fact of our constitution. The professional life of a man, as distinguished from his social and domestic life, is to a great extent built upon this mental acquirement; and no profession affords a better illustration of the sort of dual existence of which I speak than the profession of medicine. And, if I may so say, it is a fortunate thing for us that we possess this faculty, itself a product of an advanced civilization. If a dissector of the human body were to pursue his task without, as it were, putting all his ordinary human feelings in his pocket, wherein would he differ from the being who but gratifies his palate with the same material? It must seem that this is to inquire too curiously; but, on the other hand, we think it may serve a good purpose to keep in view the psychological *rationale* of those details of our art which the outside public agree to consider revolting. Of course it is plain to every one that the dissector considers what he is engaged on merely as "a part"; and the physician and clinical teacher, when he studies or expounds the medical bearings of his patient's disease, considers it merely as "a case." But these words all the while represent very elaborate abstractions, and they indicate a highly developed abstractive faculty.

Till very recently, the male sex alone was credited with the power of using on occasion its senses dispassionately and in the interests of science; and even yet, for all practical purposes, the female mind is regarded as wanting in the faculty of scientific abstraction, and is spoken of as likely always to be hopelessly entangled in the feelings that arise out of any situation. If this were without exception true, I should despair of medicine as a profession for women. In the first place, during the period of education, their ever present feelings would be harrowed beyond all bearing; and, in actual practice, their energies would be paralyzed on every hand. But once admit, what is really beyond controversy, that women also, no less than men, can use their eyes with a difference when occasion serves, and can be as absorbed in the pathological and therapeutic aspects of a case as the veriest pedant of us all, then their claim to coöperate with us is made good. It is a simple application of the doctrine of correlated forces, that such a woman cannot at the same moment experience the rush of feelings that might otherwise have arisen. In this second half of her dual mind, no reflex feeling of shame or blush of modesty is possible. Such feelings do not pertain to the scientific attitude of mind; they cannot be predicated of it, any more than one might say that a circle could take on the properties of a square. A scientific woman is as likely to turn blind in the eyes as red in the face at what comes before her in the way of study. I fear it will take nothing short of a surgical operation to get into the heads of some of our professional brethren in Edinburgh that the ladies who have been knocking for admittance at their gates are endowed, no less than themselves or their male pupils, with the faculty of assuming on occasion a scientific habit of mind. If aptitude mean anything at all in the case of those ladies, it means that they find themselves able so to study the plan and diseases of the body as to banish from their view all aspects but the scientific and the humanitarian, and at the same time so to preserve their native wealth of feeling as to be no less pure, generous, and humane than their compeers of the other sex who have submitted themselves to the same conditions. This was some time a paradox, but now the time gives it proof.

A New Operation for Entropium.

JAMES MCCRAITH, F. R. C. S., Surgeon to the British Hospital, Smyrna, writes to the *Medical Times and Gazette:*

Some years since, in conjunction with the late Dr. Wood, of this city, I took great interest in diseases of the eye, and this disease, in its various degrees, is very common here, and everywhere else; we performed together all the operations mentioned or recommended by ophthalmic surgeons in such cases. First, the removal of a horizontal fold of skin, calculated according to the extent of the disease and quantity of skin existing in each case. This procedure I found was more effectual when the fold was removed as close as possible to the diseased margin of the lid, and, at the same time, the muscle was removed to the same extent, so as to expose the cartilage; and in the place of stitching

the parts together, as recommended by authors—on the contrary, we prevented such union by the application of cupri sulphas, making the parts heal slowly, so that the lower border, or tarsal border of the wound was slightly turned up in the process, in order to meet the upper edge of the wound.

This modification gave occasionally good results, but was uncertain, and, on the whole, unsatisfactory, and was a painful operation.

Secondly, in cases of complete inversion of the whole range of lashes, we divided vertically, at inner and outer canthus, the tarsal cartilage in its whole extent (avoiding, of course, the puncture at inner canthus), and then passing a ligature at inner and outer angles, we turned up the entire cartilage, fixing it by strips of adhesive plaster on the forehead, as recommended by the Dublin Surgeon. This occasionally had a greater or less success, but on the whole was not satisfactory. When combining it with the first described operation, the result was more satisfactory—the operation more painful, of course. This also uncertain and unsatisfactory.

Thirdly, we have attempted, by laying bare the cartilage, to slice away with a very sharp knife the bulbs of the cilia lying imbedded in the cartilage. This is a difficult proceeding, and cannot be easily done effectually—leaving a deformity even if successful, which was rarely the case. Fourthly, when two or three only of the lashes were turned in, we removed a triangular or quadranglar piece of the cartilage, sufficiently deep to include the bulbs and offending lashes. As it is really the cartilage which is in fault, this was effectual; but, on healing of the wound, the neighboring lashes occasionally took a wrong direction, and gave trouble. Still this generally is a useful proceeding.

The preceding was pretty much my practice and experience in these troublesome cases, when, a few months since, a young Turk (æt. about 24) presented himself with complete entropium of the left eye. The entire row of cilia were regularly all turned in, and swept the eye. He was a soldier, but discharged on account of the state of his eye. It was the result of purulent or muco-purulent ophthalmia, which existed in a chronic state for more than a year. Here some effectual measures were necessary, as otherwise the ultimate loss of the eye was certain. Upon turning up the lid, the cicatrix (result of muco purulent ophthalmia and granular lid) was apparent, running along the entire extent of cartilage, parallel to border, and about a line and a half distant from it. For this state of affairs I had no confidence in any of the usual operations as described above. Upon considering the case, it occurred to me that the cartilage, being the seat of the cause, must be the part treated. I saw also that the incisions of this part as usually practiced were on a wrong principle. The vertical incisions must leave the contraction in each section or part just as I found such contraction; whereas, if an incision were made parallel to the border, and between the latter and the cicatrix, the border must by such incision be freed, and will naturally resume its normal direction. Upon explaining this view to my son, Dr. J. P. McCraith, he agreed in it; and as the present case, where all the row of lashes were turned in, sweeping the eye, appeared very suitable for the new procedure, I put it in practice. Turning up the lid, I made a horizontal incision parallel to the border, and about on a level with the seat of the bulbs, including the whole extent, or very nearly, from one canthus to another, avoiding the duct at inner canthus; and, making another incision parallel to the first, I removed a narrow strip of the cartilage, less than the twelfth of an inch in breadth. The result was most promising; the border of the lid and the row of cilia immediately resumed their natural direction. I was quite pleased with the immediate result; none of the many hundreds of operations I had performed myself or seen performed by others were so satisfactory. The ultimate result also was perfect; and as the gap made is never repaired by cartilage, but by a membrane which would leave the border of the lid free, I expect that the result will continue perfect. I have succeeded by the old operations in relieving patients for a year or more, and yet eventually the result was unsatisfactory. I very much wish that the present operation, which I believe to be quite a new one, may be taken up by some one with an extensive ophthalmic practice, who may approve of it, and so put it to the test of experience. Judging from this single case in my hands, it promises much.

Climate of Guatemala.

At the Royal Medical Chirurgical Society, London, a paper by JAMES WYNNE, M. D., Guatemala, was read "On Central America as a Residence for Consumptive Patients." The object of this paper was to draw attention to the elevated table-lands of the Pacific slope of tropical America, and especially of Guatemala, a city situated 5,000 feet above the sea, in lat. 14° 37′ 32″ N., having a mean temperature of 66° Fahr. The climate is that of perpetual spring; the air is tonic and invigorating, yet not too stimulating. Consumption is very rarely meet with, and phthisical patients coming from a distance, if able to lead an open-air life, make remarkable progress. Twelve cases are recorded. Of these four died, five recovered, and three remained under observation. Of the fatal cases all but one were seen for the first time when the disease had reached a hopeless stage. It is suggested that the value of the Central American plateuax in phthisis should be tested by sending out twenty patients in an early stage of the disease for a few years, or better, for permanent residence.

MEDICAL AND SURGICAL REPORTER.

PHILADELPHIA, MAY 6, 1871.

S. W. BUTLER, M. D., D. G. BRINTON, M. D., Editors.

☞ Medical Society and Clinical Reports, Notes and Observations, Foreign and Domestic Correspondence, News, etc., etc., of general medical interest, are respectfully solicited.

Articles of special importance, such especially as require original experimental research, analysis, or observation, will be liberally paid for.

☞ To insure publication, articles must be *practical, brief* as possible to do justice to the subject, and *carefully prepared*, so as to require little revision.

We particularly value the practical experience of country practitioners, many of whom possess a fund of information that rightfully belongs to the profession.

The Proprietor and Editors disclaim all responsibility for statements made over the names of correspondents.

THE SEWAGE OF CITIES.

Not long since we called attention to the important problem of sanitary science presented by the disposal of sewage of cities. In England this has lately excited much study, and some unexpected results have been attained.

It is clear that it will not improve the health of the rural districts to have too much of this offensive matter scattered on the soil as a fertilizer—the only useful application it has. In some discussions of the question in the London *Medical Times and Gazette*, and other English sources, we find the views of several medical authorities on the point.

It will be evident that Dr. CARPENTER demands a certain limitation of *quantity* as the element of safety, and states that one acre is capable of receiving and disposing of the sewage of 100 persons. But it is certain from our knowledge of human nature that where the prime object is, not to utilize the sewage as manure, but to get rid of it, there will be a constant tendency to overdo the application. This was alleged unmistakably by Dr. LETHEBY, at a late discussion of the Association of Medical Officers of Health, to be the case at Aldershot, where it is said that so great is the excess of undecomposed sewage applied to a limited tract of land, that not only does a large quantity of fresh fæcal matter rest on the surface, where it cakes and hardens, rendering it incapable of absorbing the liquid, but that large quantities pass from time to time into the Blackwater, which is thus converted into a stinking ditch.

Let us, however, grant that the ground for irrigation is properly leveled, channeled, and, if need be, drained, so that the sewage shall flow over or through the surface; that there shall be no stagnation, no putrid swamp, no taint of the air, and no contamination of wells below or of streams on the surface of the earth. We are then sharply pulled up by Dr. COBBOLD, who lays before us the danger of the dissemination of parasitic diseases, and especially of trichinasis, tape-worm, and of the so-called hydatids. We know that in countries where pigs have access to human excrement, the measle is common; the tapeworm may become so in our grass-fed cattle, and a new cohort of diseases be thus propagated. On this point, Dr. Carpenter, Mr. Holland, and other advocates of irrigation by fresh sewage, simply defy their antagonists; they deny the propagation of parasitic diseases, and call for proof. Dr. Cobbold, on the other hand, refuses to go *coram non judice;* he will not accept the negative testimony of butchers, or even of medical men, who do not know what to look for in the flesh of parasite-infected animals, and would not recognize it if they saw it.

These important questions are of the most vital interest to the health of both city and country, and should be carefully investigated. We look with curiosity for their decision.

Notes and Comments.

Gastric Juice in Cancer.

Dr. D'ARPEM, practicing in the island of Elba, has published in the *Imparziale* of Florence (March 1st, 1871,) a case illustrating the alleged marvelous effects of this juice in cancer. The patient is a married woman, æt. thirty-eight, who suffered, according to the author's diagnosis, from carcinomatous ulceration of the rectum and cervix uteri. After having controlled the uterine hemorrhage with perchloride of iron, Dr. D'Arpem was in doubt as to the treatment of the malignant ulceration, when he heard the views of Professor SCHIFF on the subject. The latter had for some time advocated the use of gastric and pancreatic juice in cancer. Being applied to, the professor furnished the author with artificial gastric juice, and advised injections into the rectum of about seven fluid drachms of the juice daily. Much pain was experienced from the first injection, but this was lessened by the use of some almond oil. The seven drachms were now divided into three parts, injected separately three times a day. This was continued for twenty days,

when considerable improvement had taken place, both as regards the rectum and the womb. The patient was now so well as to be able to perform a journey with her husband, and on her return the cicatrization of the ulcer was complete. She had continued the enemata at long intervals during her absence, and she now presented all the outward signs of health. Such are the facts related by the author. If the diagnosis were perfectly reliable we might harbor the hope that the specific for cancer has been found. But the case is isolated, and does not present the proper guarantees as to diagnosis. Nor is it likely that numerous trials will be made in the same direction.

The Health of Paris During the Siege.

M. DECAISNE read a short sketch before the Academy of Sciences of Paris on February 27th last, preliminary to a memoir, on this subject. The author examined rapidly to what extent the following six affections increased during the siege—viz., small-pox, typhoid fever, bronchitis, pneumonia, diarrhœa and dysentery. From the 4th to the 10th of September, 1870, there were 116 deaths from small-pox, this being a great decrease on the preceding weeks. Now the retreating armies and the new recruits entered Paris; thereupon the mortality increased and reached on the 1st of January, 1871, 431 deaths in a week. These figures have considerably diminished since. As to typhoid fever, the weekly mortality on the 10th of September, 1870, was 30; from the 11th to the 16th of February, 1871, it rose to 298, whilst there had been only 19 deaths for the corresponding week of 1870. The causes are easily found in the privations and fatigues of the young soldiers. The difference, though great, is not so striking for bronchitis and pneumonia; but with regard to diarrhœa, it should be noted that the weekly return of mortality on the 10th of September, 1870, was 25; whilst from the 1st to the 6th of January, 1871, it rose to 151. The increase respecting dysentery is not quite so marked; but, nevertheless, for the periods just mentioned it ascended from 8 to 51. As to the general mortality, the effects of the siege were quite disastrious, for M. Decaisne finds that, from the 4th to the 10th of September, 1870, the total number of deaths was 981; whilst from the 11th to the 17th of February, 1871, it rose to 4,102. The author points out the causes of this sad state of things, and dwells principally on bad food, anxiety, fatigue and a severe winter.

The Miasmata of Marshy Districts.

An interesting controversy is at present going on in Italy between Dr. FATTORINI and the well-known Dr. PANTALEONI, of Rome. The latter stated broadly, at the Congress of Florence in 1869, that the most efficient manner of rendering marsh land healthy is to allow a large population to inhabit it. He gave as an example a portion of central France called Sologne, which formerly was very deadly, owing to marsh miasmata, and which now, being densely populated, has become a very healthy district. These opinions were repeated and dilated upon by the same author in the Italian journal *La Sperimentale* (Sept., Oct., and Nov., 1870). Dr. Fattorini retorts, however, that draining is the principal means of lessening the unhealthiness of such districts; and that the natural consequence of Dr. Pantaleoni's tenets would be that people should be thrust into unhealthy localities to diminish the amount of miasmata. Marshes, we may remark, must disappear with an increase of population, for the necessity of draining becomes unavoidable; and this is the manner in which the Roman physician would probably have his views regarded.—*Lancet.*

Correspondence.

DOMESTIC.

Abdominal Wounds.

EDS. MED. AND SURG. REPORTER:

I was summoned, Sept. 6th, 1870, to visit John Reed, who lives five miles from my office. Messenger stated that he had received a stab in the abdomen, from which the bowels were protruding. Lost no time in reaching him, and found a neighboring M. D. anxiously awaiting my arrival. Proceeded at once to examine patient, and found him suffering from penetrating wound rather below the umbilicus, and two and one-half inches to the left of median line; wound nearly two inches in length, horizontal. About six inches lower border omentum protruding; very little hemorrhage, cold, clammy perspiration, feeble pulse, with severe pain. Administered two ounces whisky, with half grain morphia. By careful manipulation succeeded in returning membrane, without the use of anesthetics. Closed the wound with three sutures and adhesive straps. Applied cold water, compress and bandage. Left patient comfortable. Saw him again on third day; wound united by first intention; removed sutures, but reapplied compress and bandage as before. He recovered very rapidly without further medication than dose already mentioned, and today is as well as ever before. Do not claim any particular merit in treatment of the case, but learn from it and other cases lately recorded, that wounds of peritoneum are not nearly so formidable as modern surgery would have us country doctors believe.

WM. DILLON, M. D.

Payson, Ills., Feb., 1871.

Remarkable Case of Monstrosity.

EDS. MED. AND SURG. REPORTER:

On the 16th inst., near this place, the wife of Rev. O., a native of Lancaster county, Pa., of German descent, æt. 45 years, of an excitable, nervous temperament, gave birth to a still-born fœtus at full term, weighing 6 pounds, presenting extraordinary vice of conformation and preternatural perversion of some of its parts, with excess and imperfect development of others. The following parts are wanting: the brain, frontal bone, os-occipitus, sternum, molar bones and nose. The abdominal viscera are external, instead of being in their natural cavity. The genital organs are imperfectly developed.

There is, apparently, a scrotum and the rudiments of a penis. The most remarkable phenomena present themselves in the face. There is but one eye, which occupies the position of the nose, and on either side, in the usual place, are the superciliæ. Immediately above this eye something projects an inch and a half closely resembling a penis. The mouth, superior and inferior maxillary bones are present. There are supernumerary toes—there being six toes on either foot. This was the 9th pregnancy. All of her children were well formed except the eighth, which Dr. E. A. Hering, her then attending accoucher, informs me, "was still-born, and showed an absence of the calvaria, the eyes extremely large and protruding, resembling very much those of a frog, and giving the face a most revolting appearance." The eighth and youngest living child has a superficial nævus maternus on the posterior cervical region very much resembling a toad. Upon inquiry if the mother attributed these phenomena to any impression upon her mind whilst pregnant, she replied that a colored woman, with large protruding eyes and singular expression, suddenly approached her whilst in her ninth pregnancy, giving her a fright, to which cause she attributed this malformation of the fœtus. Whilst in her eighth pregnancy she walked into the orchard and a toad jumped up before her, startling her, to which cause she attributes the nævus on the neck. She can assign no reason for this singular deformity of her ninth child, unless it may have occurred from a blow she received on her head, which was quite a shock to her nervous system.

She is a Christian lady, large and well developed, as is also her husband. Her general health has not been good for years, suffering more or less with neuralgia of the head, which compels her to keep it constantly covered, as the least puff of air or change of temperature brings on these paroxysms of pain. Prof. DUNGLISON says: "Amongst the numerous hypotheses entertained on the origin or cause of these monstrosities, three only are worth mentioning. They have been attributed 1st, to the influence of the maternal imagination on the fœtus in utero; 2d, to accidental changes experienced by the fœtus at some period of its uterine existence; and 3d, to a primitive defect in the germs."

J. N. SNIVELY, M. D.

Waynesboro, Pa., April 18, 1871.

Contagion of Scarlatina.

EDS. MED. AND SURG. REPORTER:

Touching the contagiousness or otherwise of scarlatina, which I observe is exciting some interest among the writers for THE REPORTER, I would add the item which, in my estimation, goes far toward sustaining the affirmation of this question.

In 1858 or '59 I was in attendance on two families at the same time, in the north-western section of the City of Philadelphia, in one of which there were four patients and two in the other. In the former the disease was of the most malignant type, two of the four children perishing within the first day or two, while the two patients in the second family duly recovered.

But the point is that in a few days I was attacked with the disease, and it ran its ordinary course—my person being covered from head to foot with the eruption, with skin about the color of a boiled lobster. The thick skin of hands and feet peeled off in long shreds, and I shall never forget the peculiar sensation imparted to the nerve radicals or extremities by this exposure. Each hair seemed suddenly to have attained thrice its normal diameter, while the beard felt like a huge brush pile.

Having somewhat outlived that period of life for which measles, whooping cough, etc., are supposed to have an especial affinity, being about 36 years of age, the attack cannot fairly be credited to the account of juvenility.

Although I have seen much of the disease since as I had prior to the personal experience noted, I have nothing to add pro or con beyond what is known to every practitioner, and submit the above to your readers without note or comment.

M. D.

Brooklyn, N. Y., April 9, 1871.

NEWS AND MISCELLANY.

Cumberland Co., N. J., Medical Society.

The annual meeting of the Cumberland County Medical Society was held in Bridgeton, on Tuesday, the 11th inst. This society, now venerable in years, was first organized in 1818, and has always embraced the most reliable physicians of our county.

The society, through a committee, have just completed a history of "Medicine and Medical Men of the County." This will be an addition to the com-

paratively few historical facts that have been recently gathered from what has been, in our section and county, a dark night of the past.

It is the expectation of the society to have the whole preserved by publication.

Platte County (Mo.) Medical Society.

There was an interesting and well attended meeting of the Platte County Medical Society, at Platte City, on Monday, April 3d. Dr. McDONALD, the old President, called the meeting to order. In the absence of the former Secretary, on motion of Dr. JOHNSON, Dr. BROCK was elected Secretary *pro tem.*, and the reorganization of the society began. Dr. McDonald, in surrendering the chair to the President elect, Dr. Johnson, delivered a valedictory. Subject: "The Code of Medical Ethics." He called the attention of the meeting to this important subject in a very earnest and enthusiastic manner. He spoke of the duties of patients to their physicians, of physicians to their patients and to each other, of the impracticability of a man being a physician in the true sense of the term unless he be at the same time a gentleman. Dr. Johnson, on taking the chair, made a few appropriate remarks The society then adjourned.

Medical Society of New Jersey.

The one hundred and fifth annual meeting of the Medical Society of New Jersey will be held at Flemington on the 23d day of May, 1871, at 7 ½ o'clock, P. M., and will continue in session the following day. WM. PIERSON, JR.,

Rec. Secy.

Orange, April 25, 1871.

THE cattle plague is making fearful havoc in the neighborhood of Lille.

QUERIES AND REPLIES.

Dr. Ahl's Splints.

Dr. G. W. G., of Ohio.—In reply to your inquiry we unhesitatingly recommend Dr. AHL'S porous-felt splints as undoubtedly the best in the market, and superior to the plaster of Paris or the starch bandage splints. We speak from personal knowledge of their merits, as well as from the recommendations of the best surgeons. You can get a set of fifty-two pieces, adapted to children and adults, by sending thirty dollars to John G. Scott & Co., 115 South Seventh street, Philadelphia.

Oxygen Gas Bag.

H.—An oxygen gas bag 30x40 inches costs $16.00; 24x30 nches, $13.00; smaller ones, $5.00 to $10.00; the best electric battery, $20.00.

Paralysis.

Counsel in the following case is respectfully solicited: A child about two years of age was suddenly attacked last November with paralysis of the entire right leg and thigh, but by the persevering and vigorous use of remedies had so far recovered about the 15th of January as to be able to walk. Unfortunately the paralysis has caused a serious deformity, viz.: version of the limb, and of course the child walks with the foot turned outward Now, I wish to know if any orthopædic apparatus can be constructed that will restore the symmetry of the limb or be of any essential advantage to it? Very respectfully your ob't servant,

J. T. P.

Talipes Varus.

MESSRS. EDITORS.—I have a case, child ten days old, talipes varus. Would you recommend an operation at this age? If so, what apparatus is best to apply after the operation? What do you think of Dr. BOARDMAN'S apparatus (Erichsen's surgery) to be applied without operating?

Yours truly, G. Q.

Sciatica.

What is the best treatment in a case of old standing chronic sciatica? A. C. M.

OBITUARY.

DEATH OF BECQUEREL.

Paris papers announce the death of ANTOINE CÉSAR BECQUEREL, the celebrated electrician. He died in Normandy, while the siege of Paris was progressing, and very likely the sad event was hastened by the fatigue of his hasty flight from the capital. As nearly all of the members of the French Academy of Sciences remained at their posts to assist the Committee of Defense, the departure of the Becquerels, father and son, was much criticised; but the advanced age of the senior afforded a good excuse for the step he decided to take.

Becquerel was born March 8, 1788, and at the time of his death was, therefore, in his 84th year. He was three years older than Faraday, and during his long life had been a contributor to the same department of knowledge as the great English philosopher, whose death we had occasion to announce in 1867. Between the years 1834 and 1840 he published his great treatise on electricity and magnetism, in seven large octavo volumes. This was followed by "Physics in its Relations to Chemistry," in two volumes; and the number of his contributions to the proceedings of the Academy, and to the journals of science, has been very great. He was one of the most prolific of French writers, and retained a remarkable vigor of intellect to the last. His son, Alexander Edmond Becquerel, born in Paris in 1820, is a worthy representative of the father, and is the author of many investigations on electricity and magnetism. The similarity of the name has lead to much confusion, and much of the younger Becquerel's work has been credited to the father. Another son, Alfred, is an eminent physician, and the author of valuable papers in his department of science.—*Scientific American.*

MARRIED.

HIBBERD—LAWS—At Richmond, Ind., at the residence of the bride's mother, 4th month, 20th, Dr. James F. Hibberd and Lizzie M. Laws, by Friends' ceremony, in the presence of Sarah A. E. Hutton and others.

MERWIN—BILLINGS—At Indianapolis, April 16, by the Rev. Jos. L. Bennett, at his residence, Dentin Merwin, M. D., and Mrs. Hannah Billings.

MONTGOMERY—MCKEEHAN—In Washington, D. C., April 12th, by the Rev. John Chester, D. D., Dr. James Montgomery and Miss Deborah McKeehan, both of New ville, Cumberland county, Pa.

POWELL—DAVIDSON—April 18th, near Jefferson City, Dr. A. M. Powell, of Collinsville, Ills., and Miss Louisa H., daughter of Dr. W. A. Davidson, of Jefferson City, Mo.

DIED.

KELLER—In Chester, Illinois, on February 23d, Hattie T., wife of Dr. J. C. Keller, in the 27th year of her age.

LADD—In San Rafael, Cal., Feb. 28, J. Wesley Ladd, formerly of New Hampshire, and son of Dr. N. G. and A. K. Ladd.

MCCLOY—In Venice, Washington county, Pa., on February 15th, Mrs. Mary McCloy, wife of Dr. Alexander McCloy, in the 70th year of her age.

MILLER—In Cincinnati, April 19th, of consumption Virginia Broaddus, wife of Dr. D. B. Miller, aged 27 years, 11 months and 28 days.

OVERTON—At the residence of Mrs. Peck, No. Vauxhall street, Nashville, April 20th, Mrs. Dr. Jam s Overton, in the 69th year of her age.

RUMSEY—April 23d, near Wilmington, Del., William Rumsey, M. D., in the 79th year of his age.

VAN METER—In Salem, N. J., on March 10th, Hannah F., wife of Dr. Thomas J. Van Meter, in the 74th year of her age.

WILSON—In this city, April 23d, John C. Wilson, M. D., son of the late Alexander Wilson, M. D.

THE
MEDICAL AND SURGICAL REPORTER.

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Original Department.

Communications.

SINGULTUS WITH CHRONIC GASTRITIS.

By J. J. McCulloch, M. D.
Of Centreville, Texas.

I take great pleasure in drawing off a synopsis of my treatment of a very singular case with remarkable recovery, which, if approved of, I wish to be allowed a place in your valuable journal.

It is not true that every doctor who is eminently qualified to make contributions to the medical and surgical journals of the country takes it upon himself to submit a report of the treatment of a knotty case to some good practical journal for publication. Not one in a hundred does this, and yet every one has a right to do so if he chooses.

While I am aware that the great metropolis of Philadelphia—the Paris of America—is blessed with many eminent physicians and professors who fill her wards, districts and Universities—colleges long regarded as among the ablest in the world, where course upon course of medical lectures, accompanied with surgical demonstrations by able hands, are delivered; while I know that these men with gray heads, who have devoted a half century to the acquisition of a knowledge of the art of the practice of the noble profession, of which I am proud to be a member—and who still confess that they have much to learn—are frequent contributors to The Reporter, I am caused to blush when I send forward one of my humble articles.

Flint Petty, a blacksmith, æt. 51, about eighteen months ago or more, had had an attack of singultus, with pain in the stomach. This was before I made his acquaintance. About a year ago he moved to this place, since which time he has been busily engaged at his trade. About six weeks before this man was confined to his bed, he was being treated by me for inflammatory stricture of the urethra. A cure was brought about by one or two applications of caustic, and the introduction of a catheter as large as the parts would admit of, together with anodynes, laudanum, enemeta, and cold water upon the genitals. The stricture had its origin, as is well known, from spasm of the muscles connected with the membranous portion of the urethra, and not being stubborn and obstinate, it was easily managed. When about well—a week or ten days before I discharged him—he called at my office, and wished me to make him a prescription for hiccough, telling me that it was annoying him night and day, and that he had had attacks of it for the last two years, the paroxysms on one or two occasions being very severe. The prescription put up was as follows:

℞. Sulp. æther, ℥j.
Gum camph., ʒij. M.

Dose—30 to 40 gtts. with x grs. cal. magnesia, in a little water, and repeat every hour or two if necessary.*

It is well known to the profession that the above was a favorite anti-emetic with the late Prof. Eberle. For a while it answered first-rate in controling the spasmodic inspiration. Sometime about the middle of February I was at Mr. P's shop on business, when he put at me—to use his own words—"for some more of that hiccough medicine." "Very well," said I, "call over at the office this evening at 8 o'clock." According to appointment the patient was on hand, and I again put him under ether and camphor. As before, this controlled the muscles for a time, the hiccough returning. His

* As an anti-emetic Prof. Eberle gives it every half hour.

strength began to fail him, and on the 4th of March, in my absence, Dr. B. F. CROWELL was called in to find him confined to his bed, laboring under another severe convulsion of the muscles of respiration. The doctor shut in the spasm with some of the remedies usually recommended in such cases; but stay repressed it would not. On my return Dr. C. called at my office, and told me of all that had transpired, and all that was likely to transpire, and with some suggestions kindly gave way, and next morning I again took charge of the case. The reader will bear in mind that the patient was hiccoughing when pulled down and confined to his room, and that this distressing convulsive catch could not be looked over or treated altogether as a mere effect.

I went through the whole catalogue of alteratives, anodynes and antispasmodics—from alpha to omega—beginning with small doses of morphia, hyoscyamus, hydrocyanic acid, bismuth, etc., and ending with bromide of potassium and tincture of aconite. I would have tried hydrate of chloral, but unfortunately—perhaps I had better say fortunately—there was none in town. Too many medicines had already been used to no purpose. I was getting wearied, for I had hammered on the everlasting spasm with as much zeal, energy and perseverance, as ever did Flint Petty his iron, and finding that there was no more coal to run the fire, almost despaired of reducing the *metal* of the convulsion in order that it might be broken. Call on the patient when I would, I was annoyed with that peculiar sound of spasmodic inspiration, so characteristic of hiccough, in the advanced stages of either acute or chronic disease, and which is invariably alarming.

On the 15th ult. I discovered that the disease had assumed a continued or dothinenteritic type. The glands of Peyer and Bruner were evidently involved, as there was considerable pain on pressure of the right iliac fossa. The case was now becoming so very complicated as to be almost unmanageable .There was something wrong at the pyloric orifice, the gentlest pressure immediately over this region causing the patient to exclaim in a loud whisper—"Oh! doctor, don't!" It was upon this and other diagnostic symptoms that I based an opinion of the formation of an ulcer. Under all the circumstances a positive diagnosis could not be made.

Says Prof. FLINT: "A strong suspicion of the existence of the affection may, in some cases, be reasonably entertained, when the symptoms do not warrant a positive diagnosis" As to the singultus, it is proof sufficient that there was irritation, inflammation, or some abnormal condition of the pneumogastric nerve. Now, whether this singular chronic affection of the par vagum had its origin from the deranged stomach, or *vice versa*, I am unable to say. While the patient in question is a quiet, peaceable, social, genial and hospitable citizen—and I might say, quite temperate—yet, since his recovery, I learn that for a month or six weeks previous to his confinement he had been in the habit of taking a dram every morning before breakfast, and one or two through the day. I have no doubt that the spirit drinking aggravated the chronic into the acute inflammation. But enough of this. Suffice it to say that the disease assumed a low continued type. The skin was dry; tongue, furred with a white coat, red at the tip and around the edges; great thirst; anorexia; intense pain in the back of the head; pulse, frequent and very feeble; so much prostrated as not to be able to assist himself in the least; features very much shrunken, with despairing expression; abdomen, tympanitic. The bowels at first constipated, afterward loose, owing, I suppose, to the follicles becoming involved; the evacuations were of a serous character, and as the patient was laboring under hæmorrhoids, the discharges were *mixed with blood* so characteristic of the second stage of dysentery.

This obstacle in the way of treatment annoyed me no little. Gave the patient the late Prof. MITCHELL'S remedy in dysentery; ipecac., opium and calomel, a grain of each made into a pill; also camphor mixture, and applied poultices to the bowels. In consequence of irritation or inflammation of the pneumogastric nerve, I applied a blister immediately over the *medulla oblongata*, shaving off the hair and placing the plaster as high up over the *cerebellum* as possible. Still no improvement. I began to think that I would do well if I only succeeded in temporarily ameliorating the condition of my patient, much less save him. I applied another plaster of cantharides to the back of the head and nape of the neck, and discovered that the fly wounded the disease. The singultus was partially arrested, the paroxysms becoming compara-

tively light. He continued to improve until the evening of the 20th, when he relapsed from eating a biscuit and drinking a cup of coffee, and stepping out a little too soon. As this is the only case of the kind—take it with all its complications—that has ever been treated by me, or that I have ever seen or read of, I was satisfied that if he died I would not be censured by the sensible portion of the community for not understanding the disease and treating it correctly and scientifically.

On the 23d, general condition about the same as before the relapse. (As this article is getting lengthy, I will be brief as possible, noticing only the most important points.) The bowels again began to move off; evacuations watery; at first of a slaty color, and then black mixed with blood, with now and then lumps of hard fæcal matter; abdomen tympanitic, and patient sleeping at short intervals; mourning and muttering delirium present all the while; tongue dry and very red. Ordered turpentine emulsion every two hours, and blister over the stomach proper and the duodenum.

Patient's condition remained about the same for five or six days. Every visit I made him I hoped to see a change for the better. I was satisfied if medicine did not speedily recruit the powers of nature, I had good reason to regard the case as a most critical one; indeed, the balance of chances were against him. The great prostration, tympanitis, anxious and shrunken features, interrupted sleep, low muttering delirium, feeble and frequent pulse, made my prognosis still more unfavorable than during the first course of treatment. Indeed, it is very rare to have a recovery from any attack after such alarming symptoms. During the week he was treated as before. He was allowed nothing in the way of diet save wine whey, toast water and arrow-root jelly. In addition to the above treatment, I put him on the following prescription:

℞. Nitr. argent. (crys.), gr.j.
Hyoscyamus extr., gr.iv.
Sub. nitr. bismuth, gr.xx. M.
Et divide in pilulas iv. One every six hours.

These pills were given every other day, for a week. The scales soon began to rock, and favorable soon outweighed unfavorable prognosis. The nitr. argenti, subnitrate of bismuth and turpentine emulsion seemed to have as happy effect upon the follicles of the bowels as did the blisters at the nape of the neck on the par vagum nerve. The diarrhœa was arrested, and the bowels so completely locked up that I had to use enemas to bring about an operation. From the time the above treatment was instituted, he soon began to improve, and continued to do so gradually until I discharged him. He is now with his friends, on the river, and improving rapidly.

I must further add that the hiccough returned a day or so before I quit him. Gave him carb. ligni, one teaspoonful in water three times a day. Patient had had symptoms of dyspepsia and been treated for it, and my reason for giving him the charcoal is this: On the day that he ate the biscuit and drank a cup of strong coffee, which caused a relapse, I examined the ejections of the stomach, and found the small undigested pieces of bread covered with a tenacious *fœtid grumous* matter, black as tar, which led me to believe that the glands as well as the ulcer of the stomach had become gangrenous. It belonged to that particular class of *gangrene senilis*, or spontaneous gangrene, as laid down by the late immortal DUNGLISON.

Before I close, the reader will bear in mind that the hiccough returned just before the patient was discharged. The spasm was light, and thinking that there was still some slight irritation of the pneumogastric nerve, I directed that another plaster of cantharides be applied to the nape of the neck, and gave the charcoal as before. It acted like a charm. The spasm subsided, and he has not hiccoughed since. When he left for the Trinity, I put him on subcarbonate of iron and porter. I neglected to mention that he could not take quinine.

I believe that I have given all the particulars of this case—a patient whose illness was as singular as his recovery was wonderful.

SCARLET FEVER.

By J. H. TRAYLOR, M. D.,
Of Cape Girardeau, Mo.

As there has been much written about scarlet fever and its treatment in your pages, you will suffer me to give through your columns the history of two cases as they occurred in my practice of a recent date, and some remarks on treatment.

Mrs. McC., æt. 22, primipara, was confined, November 19, 1870; convalesced finely until the ninth day, when in the evening fever of a

high grade set up. No perceptable cause for it; involution going on nicely; lochia normal; secretion of milk normal. The fever continued until the third morning, when there was some abatement, with scarlet rash about the arm-pits and over the chest. On the fourth day the rash was almost complete over the entire body. This case proved to be a perfect type of scarlet fever, even the desquamation proving to be perfect. She knows she has not seen a case of scarlet fever in a year, and does not recollect of ever seeing a case. She had been living in the country during her pregnancy, and had only been in town for a few weeks, where she had come for her confinement; she had not been out of the yard during that time, and only out of the house a few times. There were some uterine complications during the desquamative stages, but they yielded kindly to treatment and convalescence was perfect. The urine was loaded with albumen during the desquamation and for sometime afterward.

C. M., æt. 8, male, was taken, Nov. 28, 1870, with high fever; no perceptable cause. On the third day scarlet rash was discovered about the arm-pits and over the chest; the rash became general on the fourth day. The course of this case was also that of normal scarlet fever.

There was no scarlet fever in either neighborhood in which these patients lived, and there was no connection between the families. There was no scarlet fever in the place at that time; if so, I could gain no knowledge of it. Neither case had been away from home so as to come in contact with it, if it had existed anywhere in the surroundings. In my opinion these were genuine cases of scarlet fever of a sporadic origin. No other cases followed them in my practice.

Ramsbottom, in his admirable work on midwifery, tells us that the poison of scarlet fever may enter the system of an *enciente* and lay dormant during pregnancy, and after confinement incubate and produce scarlet fever. He looks on scarlet fever in puerperal women as very fatal, having only known two cases to recover. Knowing these facts as stated by him, I tried to trace the origin of the fever of Mrs. McC. to previous contamination in the neighborhood where she had lived, but failed to find there any cases which even resembled that of scarlet fever.

As regards treatment I have only a few suggestions to make. A few remedies well managed are much more successful than many, badly managed, in the hands of a judicious practitioner. Place two mechanics, one on each side of the same bench, with the same tools and the same material, one will mould a beautiful architectural design; the other a perfect botch.

Give two artists the same material, one will produce a beautiful artistical design, almost life-like in appearance; the other will make a perfect daub. Thus it is with medicine. Take two physicians in the same neighborhood with the same class of patients and same remedies and text books; one will cure nearly all of his patients, making speedy convalescence, while the other will have many unruly cases, many deaths and long convalescence. It is not in the difference in the class or type of the disease that the difference in the success of the two men is founded, but in the more judicious management of the remedies brought to bear by the one than the other.

Some practitioners labor all their lives in trying to mould their cases to suit their ideas as drawn from their text books or favorite authors, never observing accurately, at the bed side, the symptoms, duration and pathological condition of their patients; never learning, by experience, the action of remedies. These practitioners are always doomed to disappointment; always hunting for specifics among the observations of others; always with a list of new remedies to try; and above all, nothing from their own observation to contribute to medical lore, having continually to draw on the experience of others for all they say and do.

There are many modifying circumstances as well as aggravating ones in the type of disease which call for derivations and modifications in the use of remedies; it is the understanding of these circumstances and the judicious handling of remedies to suit them that give largely the success of a practitioner.

We look on scarlet fever as one of the eruptive diseases, and so class it. It has its state of incubation whether it springs sporadically or from contagion; its state of development, duration and decline. When its course is normal, remedies accomplish very little; in fact very little should be attempted. When from some idiosyncrasy in the patient it departs from its normal type, and sets up those pathological conditions which, if not checked,

will evidently terminate in desolution, is the time when remedies are required and when their judicious management accomplishes so much. This departure is generally marked by its attack on the throat; it is evidently an asthenic condition and requires a supporting treatment.

Calomel I look on as a spanæmic, and calculated to increase the morbific action of the poison on the blood. It can act only by catalysis, which power it does not possess in any degree whatever, in this disease. Quinine I also look on as a spanæmic and not a tonic, although a powerful antiperiodic. It acts on the grastric glands, stimulating them to a greater secretion when taken in small quantities, causing a more perfect digestion, thus offering to the blood a better pabulum for its nourishment. It is good in those cases of debility where the stomach is at fault. In scarlet fever the debility is from the morbific action of the poison on the blood, and requires either elimination or neutralization. Calomel and quinine possess neither of these qualities, and if ever given, should always be done with great caution, as they both destroy the red corpuscles of the blood when given in the least excess, which is already being carried on with too much success by the scarlatinal poison. They only increase that condition of the blood which the scarlatinal poison gives rise to.

The preparations of iron and potash are the only two remedies which I place any reliance on as possessing properties which counteract the poisonous action of scarlatina on the blood. They should be given as much as the system can bear, this capacity being judged of by the physician, as some people bear much more of these remedies than others. The muriated tincture of iron and the chlorate of potash are the two preparations mostly used. It should be remembered that a large amount of the material sold in the shops as tincture of iron is nothing more than acidulated diluted alcohol merely colored with iron, containing really a very small proportion of that metal, and a large proportion of the chlorate of potash very insoluble. If the practitioner wishes his patients to get the amount of these remedies desired, he should be very careful of the quality, and the compounding of his prescriptions.

Nitrate of silver has a very powerful neutralizing effect on the poison as distributed over the surface of the back part of the mouth and larynx. Its cauterizing properties never extend deep, therefore it is easily managed. I always use it in solution, and just strong enough to turn the parts white on its application (gr. xx. to the ℥j. of water). If much tumefaction takes place about the neck and throat, the application of leeches is greatly beneficial in the relief of local congestion. The depletion should never be carried far enough to depress the system in the least. The use of cold or hot applications subserves this end frequently, but it requires great skill in their use, and must not be trusted to common and negligent hands. The physician who is a close attendant to his patients, and is explicit in directions, can use these remedies with great success. There is no remedy so prone to evil as cold when injudiciously used, and the same can almost be said of heat. Tartar emetic should always be avoided, and if an emetic is necessary to clear the throat of a too abundant secretion, ipecac. should always be preferred; lobelia acts equally well, but is too depressing to the nervous system.

If the powers of life are giving way, stimulants should be used; I have never seen any bad results from them unless carried to an excess, and this only by action on the nervous system. Alcoholic preparations are preferred to those of ammonia. Some patients bear much more than others; stimulation should be used just so as to be felt by the patient. As much nutritious diet should be given as the patient will take; if the stomach does not convert it into chyme, and it remains undigested, either in the stomach or bowels, it will do harm, and should be given in less quantities or changed to another kind. All digestive apparatuses are weak, and not given to much digestion when the system is laboring under a powerful disease; therefore, all diets given under these conditions should be as nearly prepared as possible for absorption by the lactials before taking into the stomach. I have learned by experience that a large amount of the beef-teas and soups generally prepared on such occasions are very indigestible and unnutritious. Beef extracts I have never used; I therefore rely mostly on milk and its preparations and broths.

Success in practice depends upon a knowledge of the direct and indirect causes of disease, with a thorough knowledge of the phy-

siological action of remedies, and not to any specific action which the practitioner may attach to the remedies used. If he depends upon the supposed specific action of his remedies, he will be foiled in treating the abnormities of the disease, the very cases in which his skill is called most into requisition.

CASE OF POISONING BY OPIUM.

By F. H. Roofe, M. D.,

Of Clifton Springs, N. Y.

The following case is reported simply on account of the large quantity of opium taken, and the favorable result following the persistent attempts made to arouse the system sufficiently to get the action of an emetic, and to overcome the stupor, notwithstanding the tardiness with which medical aid was summoned.

On Thursday evening, April 19, 1871, I was called to see Robert F., æt. 21, a native of Michigan, under treatment here for spermatorrhœa, following masturbation, accompanied with great mental distress, nervousness, sleeplessness, etc. Found high fever, with full, bounding pulse; flushed face; respiration slow; bathed in profuse perspiration; pupil immovably contracted to size of large pin head. At first unable to communicate but by dint of great effort to arouse him; on questioning he stated that he had taken opium in large quantities to quiet his suffering.

Having no stomach pump nor sufficient amount of an emetic with me, until it could be procured ordered strong coffee, and mixed one drachm tinct. bell. (conct.) in half glass of water, both of which in small quantities were with difficulty forced down in alternation. The attendant stated that he had been for nearly an hour arriving at this condition, the countenance often becoming livid. A bottle was found which had contained tinct. opii, a sediment of which remained to side and bottom. It was becoming more and more difficult to arouse him, when, the powd. ipecac. arriving, a teaspoonful was at once mixed with mustard and warm water. Before he could be awakened sufficiently to swallow, he was dragged, being perfectly limpse for about thirty minutes, across the room, spanked, pinched, hallooed at, and ice water thrown in the face; but not until seated in a tub of cold water was he aroused enough to take the emetic, which had no effect but to depress the pulse and incline to the sedative stage of the poisonous result.

After three repetitions of the above dose, increasing the amount of ipecac., arousing with equal difficulty each time, assisting the action with mustard to epigastrium, when held in the upright position he vomited with great force about a pint of dark liquid having a strong odor of opium, apparently in large quantities. Notwithstanding this it was necessary to redouble our efforts to keep him awake, the pulse now becoming extremely rapid and weak, the surface covered with a cold prespiration. He was rubbed with a solution of mustard and capsicum and warm water until the skin became red. Sinaplasms also applied to the back of neck. Through the night with the greatest difficulty he was given, in alternation, the emetic, coffee and belladonna, with the effect of dilating the pupil perceptibly and slightly rousing the system. He first vomited about 1 o'clock, since when he gradually improved, still sleeping heavily, vomiting when awakened; opium was detected in each dejection, but not so largely as in the *first* instance, which, no doubt, saved his life.

On Sunday, the 23d, he stated that he intended suicide. On the 18th he obtained half an ounce tinc. opium, and half ounce powder do.; that evening he took enough laudanum to occasion trouble; sleep at about 10 A. M. On the 19th he took a sip of laudanum, vomiting after each dose; about 6 P. M., he poured a teaspoonful of powdered opium into the half ounce vial of tinct. opii, then half full; this he drank, and in water took over half of the powdered opium, and threw the balance in the slop-pail. From this, his statement, and the druggist's corroboration as to amount purchased — samples from same jar and bottle being examined by myself, and found fresh and pure—together with the large quantity first vomited, the inference can but be drawn that he swallowed at least three drachms of laudanum, and, certainly, two of powdered opium.

April 27.—He is now nearly in his previous condition, sleeping heavily at times, though readily awakened; his general condition giving evidence of the great nervous shock his system has sustained.

Tartar emetic was not given, owing to the depression caused by the ipecac.; the belladonna undoubtedly assisted in counteracting

some of the bad effects of the opium. In this connection I would state that in a case of belladonna poisoning occurring in my practice, a few months since, ʒij. fluid ext. having been taken, a solution of tinct. opium, repeated often in medium doses, greatly assisted recovery.

Hospital Reports.

JEFFERSON MEDICAL COLLEGE.

Surgical Clinic of Prof. Gross.

[REPORTED BY RALPH M. TOWNSEND, M. D.]

April 19, 1871.

Fatty Tumor of Unusual Location.

GENTLEMEN: John Keenan, æt. 54 years, has a tumor of twelve years' standing, located in his left temple. It has very much the feel of a sebaceous tumor, were it not for the presence of a hard mass in its interior, which latter causes me to question the truth of my diagnosis.

[The tumor was now removed. The superficial fascia under which the tumor was located was exceedingly dense. It proved to be fat and excessively vascular.—R. M. T.]

This is a most unusual situation for a tumor of this kind, though a fatty tumor may occur in any part of the body. Dr. JAMES TAYLOR, since deceased, brought to my notice a fatty tumor which he had removed from the palm of a woman's hand, this being another infrequent situation.

It is only when fatty tumors are of very large size, or when they grow very rapidly, that they are likely to be very vascular. They are liable to inflammation, suppuration, ulceration and gangrene. These events, however, are infrequent, and are usually induced by mechanical pressure, caustic applications, or inefficient nourishment. Medical treatment of this class of growths rarely accomplishes anything, though Mr. BRODIE succeeded in removing a large mass of fat from a man's chin and neck by the free and persistent use of a solution of potassa.

Paralysis following Dentition.

George Hoover, æt. two years and four months; is a child, very small, very short, and lacking power in his lower extremities. This child, according to the statement of the father, weighed eight pounds at birth, and seven and a half pounds nine months after; not much of a gain!

The child suffered from spasms when a year old. Its teeth, dentition being in progress at present, are in bad condtion. Otherwise than I have mentioned the child seems well. Its intellect is good. How then can we account for its present helplessness? While we sum up the case we glean the following facts. This attack came on suddenly. The child was teething, and during the day had seemed perfectly healthy. It awoke early the following morning with coated tongue, excessive thirst, dry skin, and all the other attendants of high fever, *and was found to be unable to maintain itself upon its feet.* As the case unfavorably progressed the muscles became soft and atrophied, and ultimately underwent partial fatty degeneration. The legs became flabby and cold, but while the lower extremities were thus affected, the rest of the body developed itself as under ordinary circumstances.

The only way that such an occurrence can be explained, is, that the arachnoid, which is a serous membrane, surrounding the spinal cord, by reflex irritation from dentition, became suddenly congested. As a result of this congestion, fluid was effused upon the cord, and its gravitation pressing upon the lower portion, caused paralysis of those nerves distributed to the lower extremities. Now this fluid was more than simply serum, because serum would ultimately have become absorbed. Lymph or fibrin must have been effused, and by becoming organized, maintained its situation and thus kept up the paralysis. In order to relieve the existing trouble, then, supposing this explanation to be correct, the treatment should be only such as would remove the deposit. We want, therefore, the application of sorbifacient remedies along the spine, such as the mild veratria ointment, either alone, or in combination with mercurial ointment. Veratria is a powerful stimulant to the nervous structure, and mercury is likewise a good absorbent, by its action upon the absorbent vessels.

Such ointment, in combination with the hot and cold douche, should be continuously applied, twice daily, for a number of months.

Internally, we can give this child one-quarter of a grain of the iodide of potassium or sodium, in combination with the minute doses of the corrosive chloride of mercury, three times daily, being careful, however, when we use the remedy long, to have intermissions of three, four or five days in the treatment, according to circumstances, so that the stomach may be rested and not rebel against the remedy.

If the system is not well nourished, we can give three drops of the tincture of the chloride of iron, three times daily, to a child of this age. It is a powerful tonic, increasing the coloring matter and fibrin of the blood. Huxam's tincture of bark and the syrup of the iodide of iron would also be good remedies in similar cases. The limbs should be thoroughly rubbed; flagellation would also be here indicated.

Notwithstanding what I have said, I am afraid the prognosis here is of the very worst kind.

Partial Paralysis of the Forearm and Fingers.

William Calverson, æt. 55 years; can lift nothing with his left hand. He has been in this condition for two weeks. The hand and arm have been jarred a good deal from holding an iron hammer against boiler plates, while the latter were being riveted together. The paralysis followed a day of unusual exertion.

In the hand, the thumb, index, and middle fingers seem most affected, whence I infer that it is the median nerve that suffers from the jarrings or concussions. The median nerve supplies all the superficial muscles on the front of the forearm, with the exception of the flexor carpi ulnaris; and the anterior interosseous nerve, derived from the median, supplies all the deep muscles on the front of the forearm, except the flexor carpi ulnaris, and inner half of the flexor profundus digitorum.

This, then, is a partial paralysis, due to overexertion. The prognosis here is good. We will direct this man to wash his arm and hand well with hot water and castile soap for fifteen minutes at a time, and immediately afterward pour on the parts several gallons of cold water, keeping up, meantime, a constant rubbing.

We will also apply an ointment, containing a drachm of veratria to the ounce of simple cerate, directing that a piece, the size of a pea, be rubbed on the arm morning and night.

Synovitis Thecitis.

Joseph Hill, æt. 21 years; has had his right wrist swollen and painful since last December. There is preternatural heat in the part. He has inflammation of the synovial membrane and articular cartilage of the part.

The custom of the present day is to stuff patients laboring under inflammation—a most villainous practice! We will direct this young man to eat no meat and drink no coffee; and also to have applied to the part a dozen foreign leeches. One foreign leech equals three American leeches. We will also have the hand and wrist wrapped in a strong solution of acetate of lead and laudnaum.

Agustus Steiner, æt. 22 years; has a swelling almost similar in appearance, and in the same locality as had the last patient. There is no preternatural heat here. This swelling is evidently connected with the theca, or sheaths of the tendons. I feel hard masses, as if there might be organized lymph within the sheaths of the tendons.

Sorbefacients are called for here. We will paint the parts with the strong tincture of iodine, and then apply a bandage and direct the hand to be kept up.

——The physicians of St. Albans, Vermont, organized a local medical society. Meetings are to be held monthly.

PHILADELPHIA EYE AND EAR INFIRMARY.

November 12th, 1870.

Ophthalmic Clinic of S. D. Keyser, M. D.

[REPORTED BY J. W. MILLICK, M. D.]

To show the different kinds of opacities of the cornea, several cases were presented and commented upon. As the result of inflammation in the cornea we have opacities of varied appearance, according to the severity and extent of the inflammatory process. There are the epithelial opacities, which are quite superficial and have a smoky, cloudy appearance; the patient complains of everything having a misty appearance. Sometimes these opacities are so light and thin as to cause difficulty in detecting them. They are best detected by throwing an oblique light through a convex lens on the cornea. Parenchymatous opacities are of very varied appearances. In some the whole cornea is opaque throughout, which gives it the appearance of a milky glass, the epithelial surface, however, retaining its normal appearance. In other cases the opacities are flaky, or are thick, white and cloudy, or contain chalky deposits. These are caused by deposits of an opaque gumous substance, formed from shriveled nuclei and fat cells and swelled corneal cells pressed between the layers of the cornea.

Tendinous Opacities.

Such are composed of tendinous membranes on the anterior surface of the cornea; they differ from the epithelial opacities only in having a thicker neoplastic layer.

When there are corneal cicatrices from wounds of the cornea; bony degeneration, chalky deposits, and metallic incrustations, where collyniums of lead water, nitrate of silver, opium, etc., have been used, when corneal ulcers, abrasion of the cornea, etc., are present.

Considerable disturbance of vision is caused by these different opacities, according to their position and thickness, particularly if they be over a part or the whole of the pupil, and very injurious results are often thereby caused. Myopia, or short sight, may be developed by the continued strain on the accommodation to see near objects. Strabismus and nystagmous often occur, particularly in children.

The epithelial and parenchymatous opacities may possibly be removed by the proper remedies; and in children may recover spontaneously; but with all the other varieties little hope of their entire removal can be expected, except in occasional cases of metallic incrustation, if not imbedded too deeply in the tissues of the cornea. In the treatment it is necessary to assist the power of absorption and the throwing off of the epithelium. In the more permanent cases, operative assistance may be necessary, if there is enough of the cornea clear to make an iridectomy, an iridodesis or iridodyalasi.

In the assisting of the powers of absorption, there are several remedies and methods of applications.

It is necessary to have an irritant to induce a hyperæmia of the part. The remedies mostly employed are the dusting in the eye at intervals of pure hydrarg. chlor. mite, or a finely powdered sulphate of soda, or the application of an ointment composed of the hydrated oxide, or the red oxide of mercury, or the injection of a solution of 20 grs. of the chloride of sodium, or of the sulphate of soda, under the occular conjunctiva every few weeks, or what is still more effective, the use internally of the potassium iodidum, while calomel is applied locally.

To one of the cases of epithelial opacity, finely powdered sulphate of soda was given, with the direction to dust a little in the eye daily. So the two cases of complete leucoma or parenchymatous opacity, one was given calomel to dust in daily with the use internally of five grains of potassium iodidum, three times daily, with directions to report immediately if inflammation appeared in the eye. The other a solution of salt 20 grs., f.℥j., was injected under the conjunctiva with a hypodermic syringe. In making this operation care must be taken to inject slowly, so as to allow it to encircle the ball without bursting the tissue and running out.

Dr. Keyser particularly favors the use of the iodide of potassium internally, and the calomel locally, and he exhibited two patients who had improved very much under this treatment. It will be noticed by this method that after a few days considerable inflammation of the eye will appear, the conjunctiva and lids will be swollen, and there will be a burning sensation, with some pain or smarting. The calomel should at this stage be discontinued, and if the inflammation is of a very high grade, cold water cloths should be applied to the eye. But continue the iodide of potassium for a few days, until absorption begins. This treatment must be resumed at intervals until the cornea is clear or nearly so.

Dr. Keyser stated that his attention was first attracted to this action (or joint action, as might be stated,) of calomel and iodide of patassium in the spring of 1869, in a case of diffuse keratitis in a lady of scrofulous diathesis, which he had been treating—where considerable parenchymatous opacity had been left, for which he ordered the dusting in of calomel, and, at the same time, had been and was then giving internally the iodide of potassium. In a few days the patient returned with a severe inflammation of the conjunctiva, etc. On the recession of the inflammation, the opacity was very much thiner, and she saw much more light. The calomel was resumed again. The inflammation returned, and on its subsidence the opacity was still more clear, and after the third trial, which, in all, involved a period of nearly six months, the cornea was perfectly clear, with the exception of one small spot, which was rapidly being absorbed and carried away when the patient left the city.

Hennequin, in the Archives of Sharmazie, October, 1869, mentions a case where he had the same action and effect with these salts on a patient he was treating for opacity of the cornea. Metallic incrustation, if not too deep, can be scraped or lifted off. It is best done with a Beer's cataract knife, and then treat as for parenchymatous opacities.

The next case was a ptirygium on the ball of the left eye, in the ocular conjunctiva, lying over the internal rectus muscle, with its apex or point about one line over the cornea. These are generally the result of a conjunctivitis, particularly of the phlyctenular form, and if not removed will continue to grow over the cornea, toward the pupil, until vision is much affected by it. There can be one, two, or more, on the same eye, all pointing toward the pupil. Once developed, it is permanent. In the treatment, any inflammation or severe irritation must be combatted antiphlogistically, after which astringents are necessary. When the symptoms of irritation have receded, then the operative treatment for its removal comes in order, for which there are several methods recommended—that of excision by cutting it off with the scissors, that of ligation by passing double ligatures through and around it, and that of transplantation.

The operation on this patient was a combination of the first two mentioned methods. The ptirygium was separated from the cornea by shaving it off close with a cataract knife, as far as the limbus conjuncturalis; the point of a pair of small straight scissors was inserted under the conjunctiva, along the upper edge of the pterygium, which was then cut through to its base near the plica; the lower edge was incised in the same way; the whole growth now being thrown aside, the edges of the conjunctiva were loosened from the ball and brought together by three sutures, completely covering the space from which the pterygium was removed. A ligature was now thrown around the base of the pterygium, and drawn tight. The advantages claimed in this operation are—that the gap in the conjunctiva is closed and thereby sooner unites, and that the pterygium, being ligated, will slough off. But before this takes place the conjunctiva has adhered and is nearly all healed, and hence no vessels can shoot out from the base of the pterygium into the conjunctiva to form a thickened or tendinous cord and perhaps a renewal of the pterygium.

November 2, 1870.

Aural Clinic of Dr. Jas. Collins.

In opening his course, the doctor said that it was best to make a few remarks in reference to the ex-

pectations that are likely to arise in the minds of patients suffering with aural affections.

Rapid advances have been made in aural surgery within the last few years, and hence it is no longer considered impossible to do something more for a diseased ear than fill it with some nostrum of popular repute. Careful study of morbid conditions are required to recognize the true substantial lesions, while the ingenuity of the physician must be exercised often to its utmost for their relief.

We will begin by studying such cases as present themselves.

Cases I. and II.—A little girl—Clara, æt. 12 years, and Mrs. R., æt. 70 years. Both these cases have certain features in common. They both are affected with chronic aural catarrh. It is quite a common affection. You will meet with it, perhaps in its protean forms at every step. We will now proceed to examine both these patients. To do this you must obtain perfect illumination and the proper specula.

On inspection of the right ear of Clara, we see preserved only a rudiment of the membrane of tympanum. The ossicles even have been discharged with the pus, and the middle ear is exposed to view. Upon directing her to close the mouth and nose, fill the cheeks with air and swallow as directed, by Valsalva, we see little bubbles of air coming up through the purulent mucus at the bottom of the cavity. The doctor calling special attention to Clara, remarked that she was a dark-eyed and dark complexioned child, active and tolerably well developed. There is about her an anxious expression. Her movements seem to indicate that she is ever on the alert to discover by word or look a knowledge of the workings of the busy world about her.

She also suffers from nasal catarrh. These affections are often associated. Indeed, the whole affair may be regarded as a continuously diseased mucous membrane. The mother states that she has had a nasal catarrh for several years; that her ears have now discharged blood, mucus and pus for a long time, but she does not remember exactly how long. The power of hearing is not entirely destroyed, but the means of conveying sound are impaired. The external auditory meatus was excoriated and reddened by the acrid discharging fluids. You will notice, also, the peculiar odor, almost a stench, which emanates from the cavity. This odor is persistent, and often a patient will become resigned to his affliction in all else but this horrid stench; and I have often heard the expression, "I do not mind being deaf, but can this horrid odor not be relieved?"

The left ear presents the same general external appearance. But as we inspect the membrane of the tympanum, we perceive that this is only perforated, and welling through the opening drop by drop is seen the purulent fluid from the middle ear. The membrane of the tympanum is here opaque. The hearing distance is about six inches.

On inquiry of the mother, we learn that a cold was the starting point. So she states. But close inquiry and the appearance of the mother and child at the present moment leave no doubt that this was an auro-nasal and pharyngeal catarrh, and is engrafted upon a syphilitic constitution—the dreadful inheritance of a diseased constitution and poisoned blood, which is playing its defiant will in this poor child. Inspect, now, the throat and pharynx, and that of the mother, and you will find them the same. Doubtless the cold was the accidental spark which exploded the magazine. But in that magazine there were latent elements of destruction which sooner or later would begin their ravages. I do not wonder that the parent as well as the child are anxious.

This, then, is a case of syphilitic inflammation of the middle ear. There is also a node on the left tibia. Now, can anything be done. It is well to attempt to relieve as far as is possible, but the prognosis should be guarded.

I will first endeavor to get rid of the discharge by the use of mild astringents, detergent washes. The zinci sulpho-carbolate, in proportion of 5 grains to ʒij. of aqua, should be dropped into the ears twice daily, after washing them out with tepid water, by means of Clark's douche, which is the best. Use all washes tepid.

Then we will endeavor to correct the nutrition by prescribing:

℞.	Potass iodidi,	ʒij.
	Tinct. cinch. co.,	fʒj.
	Ext. stillingia,	fʒi.
	Aqua,	fʒj. M.

S.—Teaspoonful thrice daily after meals.

Great attention must be given to the general health. I will also direct that she drink milk instead of tea or coffee. Fortunately, in this city, we can obtain good milk; and, for children, it serves well for many articles of diet. The cream should be left on the milk and given together.

Medical Societies.

NEW YORK PATHOLOGICAL SOCIETY.

April 11, 1871.

The President, Dr. H. L. Loomis, in the Chair.

Stricture of the Rectum.

Dr. Finnell presented the stomach and intestines of a patient with a history of stricture of the rectum and chronic diarrhœa. Patient was much harassed by vomiting, and found most relief from oxalate of cerium. The stricture, though suspected to be malignant, proved not to be so, simply

a thickening of the intestinal wall extending up as far as the sigmoid flexure.

Oxalic Acid—Poisoning.

Dr. FINNELL recited the history of a fatal case of poisoning, to the effect that a woman desiring a dose of epsom salts took by mistake a paper of oxalic acid. After having swallowed the acid she said she never noticed such a strange taste to salts before. A friend of her's examined the paper and found written very illegibly *Oxalic Acid—Poison.*

Dr. F. was immediately sent for, and in ten minutes was at her bedside. By the use of rancid lamp oil, copious emesis ensued, and this was followed up by chalk and magnesia; two hours after no raial pulse could be distinguished, though she was able to move about the room.

Ten hours after taking the poison she died, and during that time complained much of burning pain in the stomach, with numbness of the extremities, though she was conscious up to death. A symptom of great prominence was the vomiting of blood and mucus, in such abundance that it could be drawn out of the mouth rope fashion. Shortly before death a diarrhœa set in.

Dr. JANEWAY presented a specimen of thrombosis of right side of head, from a patient who had phthisis.

Dr. FLINT showed cancer of pylorus. The main symptoms complained of were swelling and pain.

Tuberculosis of Testis.

Dr. ——— presented a testis removed from a patient who had received an injury of the scrotum whilst sitting on a chair. The testicle was retracted into the inguinal canal. Inflammation resulted, and a length of time after being removed was found to be infiltrated with tubercle.

The patient was suffering also from phthisis.

BALTIMORE MEDICAL ASSOCIATION.

[REPORTED BY J. W. P. BATES, M. D.]

Fracture of the Fibula.

Dr. WARREN related the following case: Some two months since I was called to see a young lady near York, Pa. Five or six years ago she suffered a fracture of the fibula in its lower third, with dislocation of the tibia inward. When I saw her the fibula had united at an obtuse angle, its fragments being carried inward, while the foot was twisted outward to such an extent that she walked on its inner edge. The operation consisted in a resection of the fibula at the point of union, the reduction of the dislocated astragalus, and the application of the appropriate splints to keep the limb in the proper position. The success was complete.

Cerebro Spinal Meningitis.

Dr. ARNOLD.—I was called to see a girl ten years of age, who had been sent home from school on account of headache, pain in the legs and a feeling of fatigue; and I was told that she had had spasms. When I saw her there was stupor, the pupils contracted, head thrown back, pulse 100, and petechial on the forearms. I ordered leeches to the head, calomel and jalup, and pediluvia. During the next day she had four attacks of spasm and there was some opisthotonos. On the succeeding day she seemed better, but the right arm was paralyzed. On the next day she had spasms, became comatose and died. She was sick about two and a half days. The question with me is, whether this was a case of cerebro-spinal meningitis, or not.

Dr. REYNOLDS.—Dr. Fay had a case somewhat similar, which he considered cerebro-spinal meningitis.

Dr. MORRIS.—I had two cases, corner of Front and Plowman streets, of convulsions in children. The first died in four hours; the second in twenty-four hours. There was no petechiæ. We have all seen dangerous cases of scarlatina in which there was no eruption, and I supposed these to belong to that class.

Dr. WARREN.—I saw a man suffering from pneumonia of the right side. The symptoms subsided, but he became comatose, pulse slow, and full, pupils contracted, petechiæ, and, in a few hours, opisthotonos. He died in a short time. I considered this a case of cerebro-spinal meningitis. I used Dr. WILLIAMS' remedy—tinct. gelsemium—but without avail.

Dr. JONES.—Sometime since a lady became very much frightened by the house in which she lived taking fire. She had convulsions every five, ten or fifteen minutes. There was opisthotonos, paralysis of the right side, pupils contracted, blindness, and a distinct eruption on the chest, arms and neck. Every sense except hearing seemed to be absent. The hearing was so acute that the jarring of a door produced convulsions. I gave her mercury, potass. brom., tr. gelsemium, and chloral at night. The bromide of potass. acted badly and seemed to excite her. I am now giving strychnia and iron. She is improving, but is still quite enæmic.

Dr. UHLER.—I had two cases of typhus, with symptoms somewhat similar to those described this evening. One died, and the other lived in spite of me.

Dr. NOEL.—I read, some time since, an article on the treatment of epilepsy. Whenever there was cerebral anæmia, strychnine was used with benefit; when congestion of the retinal vessels, potass. brom. was preferred. Dr. Jones' case may have been one of marked anæmia, which will produce the same symptoms as congestion.

Dr. UHLER.—Chloral, according to recent experiments, produces anæmia of the retina.

Dr. NOEL.—It does not produce anæmia of the

brain. I have found that it is one of the best hypnotics that I can use in many cases of excitement. Some of my cases have used it continuously from three to six months, but have met with no disease of the nails and fingers like that referred to by Dr. Smith.

Dr. JONES.—Chloral is more of a cerebral stimulant than potass. brom.

Dr. CURREY.—In some experiments chloral was said to diminish congestion, and I have used it with benefit in convulsions dependent upon congestion.

Asthma.

Dr. WARREN.—I was called to see a man who had been a martyr to asthma for five or six years. The materia medica had been exhausted without producing any relief. I gave gr.xxx. of chloral, which relieved him promptly, and he went to sleep in half an hour.

Diuresis.

Dr. FRIEDENWALD.—I would like to receive some information in regard to the treatment of some cases in which the principal symptom is frequent and profuse urination. I can get no satisfaction from the text-books in regard to it. There is no disease of the kidney nor pain about the bladder.

Dr. BALTZELL.—I have seen several cases of the disease spoken of by Dr. Friedenwald. The first case, I thought, from the excessive thirst and dryness of the skin, to be diabetes mellitus, but no sugar could be detected upon examination. He passed about one gallon of urine daily. The second and third cases (all males) were interesting because near the end of micturition blood was passed from the urethra. No strangury present. I have seen fifteen or twenty cases in which this dryness of the skin, thirst, excessive urination, etc., were the chief symptoms. I used warm baths and diaphoretics without relief. I saw a recommendation of the Bethesda water by Dr. WILLARD PARKER. I tried it (Oj. ter die), in connection with ʒj. doses of fluid ext. matico, and am pleased with the results. The diuresis was diminished and diaphoresis established, and the cases recovered promptly. I used the alkalies and phosphoric acid without effect. There is nothing in the authorities that gives us any information in regard to these cases. When perspiration is checked by cold, warm baths and diaphoretics are usually sufficient for relief.

Dr. TANEYHILL.—Did you use the matico alone in any case?

Dr. BALTZELL.—I did not. I also tried the Bethesda water on two cases of diabetes mellitus, and there has been considerable improvement in the symptoms. The thirst is not so great, nor the irritation so frequent. I have had no opportunity to test the urine. I used it in a case of anasarca, following a mild attack of scarlatina, and also in a case of gouty deposits. Both were much benefited by the water.

Dr. LATIMER.—The frequency of these cases, taken in connection with the pending epidemic of cerebro-spinal meningitis, induces me to associate them. There may be some local excitation of the spinal cord near the origin of the phrenic nerve, which may irritate the kidney. It might arise from some spinal irritation without any organic change being found in the urine.

Dr. BALTZELL.—We all know that nothing will excite the bladder sooner than mental emotion, and the suggestion of Dr. Latimer is a very plausible one. In these cases I have noticed considerable nervous excitement, and within the last few weeks I have seen more cases of cerebro-spinal meningitis than ever before.

Dr. ARNOLD.—It is well known that spinal diseases are often indicated by an increased flow of urine. The late Dr. HANDY, who died of apoplectic paralysis, could always foretell his attacks by the profuse flow of urine. I think the suggestion of Dr. Latimer a very good one, that there may be an intimate relation existing between these cases of profuse diuresis and cerebro-spinal meningitis.

Whooping Cough.

Dr. BALTZELL.—I wish to call the attention of the members to the effect of vaccination on pertussis. I have tried it in a number of cases with much benefit.

EDITORIAL DEPARTMENT.

PERISCOPE.

On Xanthelasma Palpebrarum.

Mr. J. HUTCHINSON read a paper on this subject at a recent meeting of the Royal Medical and Chirurgical Society:

The author stated that his paper concerned the buff or yellow patches not very unfrequently seen near the inner angles of the eyelids, which had been described by Dr. Addison under the name of vitiligoidea plana, and which had been accurately figured by Mr. Wilson, Hebra, and several other authorities. He preferred Mr. Wilson's name because it had reference simply to the very conspicuous color of the patches, and to their location; and because it involved no suggestion of similarity or relation-

ship to any other malady. For some years the author had been engaged in collecting facts as to the clinical meaning of these curious patches, in the hope of finding that their presence might furnish a clue to their possessor's diathesis or state of health. More especially he had wished to investigate the correctness of Dr. Addison's belief (found on but very few cases) that they were usually associated with disease of the liver. The paper was based upon the narrative of about thirty cases, and was illustrated by a series of colored drawings. The chief conclusions arrived at are summed up in the following propositions:

1. That xanthelasma never occurs in children, while it is fairly common in middle and senile periods of life.

2. That, in a large majority of cases, its subject is not seriously ill, nor in any danger of becoming so.

3. That, in a small proportion of very severe cases, jaundice, with great enlargement of the liver, are met with.

4. That, when jaundice occurs, it almost always precedes the xanthelasmic patches.

5. That the form of jaundice is peculiar, the skin becoming of an olive-brown, or almost black tint, rather than yellow, and the color being remarkable for its long persistence.

6. That the enlargement of the liver may be very great, and that it may subside, and the patient regain good health.

7. That in many cases in which there has been no jaundice, there is yet the history of frequent and severe attacks of functional disturbances of the liver.

8. That xanthelasma occurs more frequently in females than in males, the proportion being two to one.

9. That in all cases the xanthelasmic patches appear in the eyelids first; and that in not more than about eight per cent. do they ever extend to other parts.

10. That the patches invariably begin near the *inner* canthus, and almost invariably on the *left* side.

11. That xanthelasmic patches are of little value for purposes of prognosis, being usually the evidences of past rather than of coming disease.

12. That it seems not improbable that they may result from any cause which has induced repeated changes in the nutrition, and especially in the pigmentation of the skin of the eyelids. Thus they occur to those who have been liable to have dark areolæ round the eyes, whether from "sick headaches," ovarian disturbance, nervous fatigue, pregnancy, or from any other cause. Hence their frequency in "bilious subjects," and in the female sex.

13. That it is probable that of the causes mentioned under which the pigmentation of the eyelids may be disturbed, disorder of the liver is the most powerful; hence the fact that the more extensive cases are usually associated with hepatic disease.

The author stated, amongst other points, that when these patches are seen on the eyelids, it is usually safe to suggest that their possessor has been the subject, at some period of life, of very severe and frequent sick headaches, and that in two-thirds of the cases this suggestion would be confirmed.

On Sunstroke.

GEORGE THIN, M. D., of Shanghai, read before the Medico-Chirurgical Society of Edinburgh, 18th January, an article printed in the *Edinburgh Medical Journal*, from which we extract as follows:

I purpose giving briefly the notes of a few cases illustrative of the different modes in which the sun produces disease in so direct a manner as to justify the name of sunstroke.

The constable of the consular jail had superintended the prisoners rolling the croquet-lawn of H. B. M.'s Consul in the early morning, and on returning to the jail, had coffee, and retired to his room, apparently quite well. At 1 P. M. his comrade, who went to his room to remind him of the dinner-hour, found him lying in bed insensible. I saw him about ten minutes afterward. He was perfectly comatose; his skin excessively hot to the touch, especially the scalp; the face dark with venous blood, and the pulse rapid, weak, and irregular. I bled him, and had ice applied to his head and mustard to his legs. He died within half an hour. Very little blood had followed the venesection.

This case shows what is well known in the East—the danger of the morning sun. A man, otherwise healthy, passes, perhaps, a restless night from heat, is exhausted in the morning, and without eating a good meal, walks about in the sun, whose oblique rays strike him with deadly effect in the back of the neck. Such was no doubt the history of the above case. Feeling tired, the man lay down to rest, and the depressing effect of the sunstroke not being counteracted by treatment, death soon supervened.

The next case indicates another, and in my experience rarer form of cerebral affection from sunstroke.

I was asked, in the absence of another practitioner, on the evening of 13th of August, to see an English carpenter. He was perfectly conscious, and his intellect was clear. He complained of intense headache; the skin of the trunk and limbs was very hot to the touch, and the heat of the head was felt to be greater than that of the body. I ordered ice and cold cloths to be kept constantly applied to his head, and small quantities of nourishment to be frequently given. On the second day

afterward, his own medical attendant not having visited him in the interval, I was asked to see him again, and I found him in the following condition: The pulse was sharp, small, and 100; skin warm and dry; tongue very foul; scalp hot; pupils sluggish. He was insensible and delirious, but put out his tongue when urged to do so; the delirium was very active; the bowels had acted in the morning. Ordered mindererus spirit and sal volatile, and to continue the ice.

On the following day (the 16th) his condition was noted as follows: Eyes fixed, with a slight squit; constant pointing of the finger to some imaginary object of vision; muttering delirium; pulse very rapid, soft, and small (frequency could not be exactly ascertained, owing to much movement of the arm); tongue (as seen through the open mouth) covered with a dry brown fur; eyes much suffused, and skin of head very hot; patient's attention could not be arrested. Died at 12 noon.

This patient's life was probably sacrificed by his not having been seen by a physician from the evening of the 13th to the morning of the 15th. The ice and cold ordered at the first visit had improved him so much that on the 14th they were discontinued by his friends, and the man was allowed to be exposed to heat and light; hence the relapse which proved fatal.

On the 14th of August a tea-taster, and therefore not exposed by his avocation to the sun, felt weaker than usual when he got up, but recovered during the day. The following morning he felt weaker than he did the previous day, and I was sent for. I found him up and dressed, and with his usual expression, but when he walked he staggered like a drunken man; pulse 120, weak. He presented no other morbid symptoms. I had him placed in a dark room under a punkah, applied ice to his head, and give him ammonia and gentian. In the evening he was better. Two days afterward I noted regarding him, "pulse quick and feeble; in walking lifts his feet high, and moves the legs slowly and straight, and has evidently great difficulty in coördinating the muscles of the lower extremities." He improved daily, and in three days more the difficulty of walking had almost entirely disappeared. His recovery was perfect within eight days of his attack.

This is one of the comparatively small number of cases in which the attack cannot be traced to any direct exposure to the sun, though such exposure to sunlight or heat as is sufficient to account for it might have easily occurred. There was no fever, and not a head-symptom. The symptoms point to a temporary suspension of the functions of the cerebellum, the only other symptom we have to account for being the depressed action of the heart—a depression which it is difficult, in the absence of other symptoms, to imagine due to the deficient action of the sympathetic nerve.

In all these cases the symptoms, as well as the supposed lesion, belong to the cerebro-spinal system of nerves. The second class of cases, of which I am sorry I have only briefly recorded two examples, is that in which the symptoms resemble those of the first week of typhus.

A young man was exposed to the sun on the 14th of August, and passed a restless night. I saw him the following day, and found him with a quick, bounding pulse, hot skin, loaded tongue, and slight diarrhœa. The fever, which was as severe as, and very similar to, that of the first week of typhus, became much less on the fifth day of his illness, and he got rapidly well. A fortnight afterward a second exposure in the sun brought on a similar attack, from which he again recovered. In a case similar in every particular to this, in which the patient recovered within a week, the man never regained his lost flesh, and has been ever since subject to severe attacks of inflammation of the liver. There is nothing but the history and early termination of these cases to distinguish them from the first week of typhus, and they are often considered as cases of "continued fever"—whatever that may mean; but they are distinctly cases of sunstroke as are the others which I have described.

A third class of cases, equally attributable to sunstroke, and even more likely to have their cause overlooked, is when what may be termed the active stage of the attack is of very short duration, but there remains disorder of some of the abdominal viscera—generally the liver—which often proves very obstinate.

A gentleman, who was traveling in a steamer on the river Yangtse, sat for some time with his back to the sun, whose rays struck the nape of his neck: the immediate results were headache, debility, and loss of appetite. When I saw him the following day he felt better, his appetite was returning, but he complained of a feeling of numbness over the scalp. This man, who had enjoyed seven years uninterrupted good health in China up to the date of this short and slight illness, suffered from a disordered liver for twelve months afterward, during which period he lost considerably, both in strength and flesh. Similar cases are not uncommon.

A fourth, and by far the most numerous class of cases of sunstroke, consists of slight seizures, of which the symptoms are headache, hot skin, small, weak pulse, but without other signs of fever, and with no appreciable mischief, functional or organic, of any special organ—unless a peculiarly weak and compressible pulse be considered evidence of a special depression of the heart's action. These cases are generally cured by a cold application to the head, and the free administration of alcoholic and

diffusible stimulants; and safety from a more aggravated attack is secured by the patient keeping out of the sun and glare. Slight as the symptoms are, they are not to be mistaken, and the peculiar condition of the pulse which I have described is pathognomonic, and, persisting as it does several days after all the other symptoms have disappeared, it is often possible to tell a patient from it alone what his symptoms were a few days before.

Adulteration of Food and Drugs.

Dr. LETHEBY offers the following suggestions for laws to prevent this growing abomination. We quote from the *Medical Press and Circular:*

With respect to the machinery which is necessary for an act, my experience in the city has led me to the conclusion that it should be as follows:

1. There should be an officer appointed by the local authority to purchase samples of food in his district. In most towns there are inspectors of nuisances, or inspectors of meat and markets, and these officers may easily perform the duty of inspecting the shops of the district, and of purchasing articles of food or drink, when they suspect them to be adulterated, or to be sold in fraud.

Under the present and the proposed law, the duty of beginning an inquiry of this nature rests with the public, and experience has shown that although the public are the parties interested in the matter, yet they will not incur the trouble and responsibility of commencing legal proceedings against a dealer.

2. There should be a public analyst appointed by the local authority, and he should make the analysis of articles brought to him by the inspector, or by any other purchaser who had taken the necessary precautions to preserve the identity of the article, and this should be secured by proper regulations. In all cases of adulteration or of mixtures in fraud of the public, his certificate should be forwarded to the local authority, who should immediately send a copy of it to the dealer, and it should be regarded as *prima facie* evidence of adulteration or of fraud, but the dealer should, in case he thinks himself aggrieved by the certificate, have the power of appealing to a central authority, who should refer the matter to a chief analyst, whose decision should be final and conclusive, and the expense of this should be defrayed by the parties in default. This provision is of the utmost importance to guard against the possible errors of local analyists, as well as the prejudices which they may entertain on the subject of adulteration. The process to which I refer is not at all difficult, for it is already in operation in the case of many of the gas companies of London.

3. In case of a certificate of adulteration from he local analyst, or from the chief analyst on appeal, the local authority should be required to prosecute the matter before a justice in the way provided for in the Act.

And with respect to penalties on conviction, the justice should be empowered to fine the defaulter, or to imprison him, or make him advertise his default, in a manner to be described by the justice, either in the public newspaper of the place, or upon his own shop window; and the penalties should be accumulative, so as to increase with each successive conviction of the same offender. And the execution of the Act should be confided to the local authorities in a compulsory manner.

As regards the question of the adulteration of drugs, it appears to be beyond the scope of a local authority, and should be committed to some medical body whose knowledge of this difficult subject is sufficiently large to enable them to deal with it; for the question of the adulteration of a drug is not merely too difficult for an ordinary analyst to settle, but it is altogether a specialty which belongs to a competent tribunal. In many cases it would be impossible to declare whether an article was adulterated or not, seeing that its strength and peculiar action on the human body are often dependent on the age of the preparation and on the climate where it is grown—this is so with almost every vegetable preparation, notably with senna, rhubarb, opium and sarsaparilla. It does not appear to me, therefore, that drugs have any place whatever in a bill for preventing the adulteration of food or drink, but should be made the subject of independent legislation.

Bronzed Skin.

Dr. J. M. ROSSBACH, of Würzburg, has collected a number of cases upon which he contributes a singular paper in *Virchow's Archiv.* Observing that many nervous symptoms and interference with the mental faculties are usually reported from the time of Addison, who referred to a peculiar mental change as constantly to be noticed, Dr. Rossbach suggests that Addison's disease is clearly related to hysteria. Both present prominent nervous and mental phenomena.

In the one case the uterus is usually affected, in the other the supra-renal capsules. Addison's disease is then, says Dr. Rossbach, a neurosis, that is to say, a functional disease of the entire nervous system, which is not yet anatomically recognizable, and stands in close but not necessary relation to disease of the supra-renal capsules. Psychical disturbance, extreme anæmia, extraordinary sickness, and very frequently abnormal pigmentation of the skin are the characteristics of the disease, and it may be grouped with hysteria, as "diffused neurosis with unknown anatomical basis."

Prof. WILLIAM MOORE's case, recently published in the *Med. Press and Circular*, in which the bronzing of the skin was, perhaps, deeper than any yet seen, and yet there was no disease whatever of the capsules on *post-mortem* examination, goes to show that the connection is not invariable.

On the Removal of Nævoid Growths.

Mr. JAMES F. WEST, F. R. C. S., senior surgeon to the Queen's Hospital and Professor of Anatomy in Queen's College, Birmingham, writes to the *Lancet* on this subject:

Each case must be treated on its own merits. Thus there are certain cases in which the setting up of adhesive inflammation, and the consequent obliteration of the vessels supplying them by the injection of the perchloride of iron, by vaccination, or the introduction of heated wires into them may be advantageously employed. But this principal cannot be carried out in many nævi of the face, as a large, dense cicatrix is thereby produced, which is often very unsightly. The simple application of collodion, or of pressure by elastic pads, may cure in slight cases.

The destruction of nævi by caustics, again, is attended by uncertain results, and the consequent cicatrices are often deep and ugly, from the impossibility of our gauging the distance to which the caustics—as chloride of zinc, nitric acid, etc.—ought to penetrate the tissues.

The ablation of erectile tumors is probably the most perfectly reliable means of treatment, and this may be accomplished either by enucleation, the ligature, the knife or the écraseur.

Piecemeal excision or enucleation is often attended with great loss of blood, even where the adjacent arterial trunks have been compressed as completely as possible; and the little patients who are the ordinary subjects of nævi bear hemorrhage badly. A comparatively trifling loss often proves so serious to the patient that the attacking of large subcutaneous nævi by this process would hardly be justifiable.

The same difficulty meets us in the use of the knife; and I cannot doubt that the older surgeons were just in laying it down as a rule that, in removing nævi, it was always proper to cut wide of the tumor, and on no account to cut into its mass.

The introduction of either hare-lip pins or of ligatures frequently fails to cure; the latter are especially unreliable with venous nævi of large size, owing to their becoming loose, even though the skin around the growths may not have been included in them. The parts daily diminish in size, so that ligatures have to be again and again applied to ensure the entire destruction of the tumor. Moreover, ligatures often set up troublesome ulceration at the base of the nævi, from which occasionally severe hemorrhage takes place.

The advantages which, in my experience, the écraseur offers are, that hemorrhage is avoided—an important element in all operations, but particularly so with children, and that you have a linear cicatrix and a comparatively small wound; and thereby prevent or diminish the deformity which, by other operative procedures, will almost of necessity be produced. Chassaignac, also, claims for it that less inflammatory action and less suppuration attend its use than that of the knife; and, consequently, that the wounds resulting therefrom heal more readily, and are less likely to be followed by pyæmia. On these latter points I will not now offer an opinion; but as to the smallness of the resulting cicatrix—a great desideratum in all operations about the face—and as to the freedom from hemorrhage, even when dealing with large growths of this kind, I am quite decided.

On the Radical Cure of Hernia.

Dr. A. VANS BEST, F. R. C. S., late surgeon Ben gal army, says in the *Lancet:*

Up to the present time, so far as I am aware, seven operations have been suggested for the radical cure of reducible inguinal hernia, all having the same object—the obliteration by plastic material of the aperture of exit.

The very simple operation I now recommend requires neither the invagination of the parts nor the use of plugs or buttons, whether of india-rubber or split shot. The steps of the operation are these:

I use a rather long-handled flat nævus or hemorrhoid needle, well bent (quite a semi-circle from shoulder to tip of 1½ in. diameter), not too wide, and sharpened on both sides from one-third of an inch from the point. A fine hole is drilled for the passage of the ligature, a quarter of an inch from the point. This needle, with a plain dissecting forceps and strong salmon-gut, is all that is required for the operation.

In the first place, chloroform must be fully administered, the hernia reduced, and the thigh adducted and flexed. The finger, as usual, is introduced *quite within the internal ring*, carrying the integument in front of it up the canal, while the assistant draws the skin of the abdomen firmly over toward the opposite groin. The threaded needle is then passed close to the finger, a small piece of wax having been moulded on its point (instead of a canula); the handle of the needle is raised, and the point pushed through the internal pillar and the abdominal parieties close within the internal ring. The portion of gut on the convex side of the needle is seized by the forceps of the assistant, and the needle, still threaded, withdrawn through all the structures except the temporarily invaginated skin. The finger being carefully maintained *in situ*, the

gut on the concave surface of the needle is slightly pulled by the assistant, while that already seized is firmly held; this facilitates the turning of the needle and transfixion of the outer pillar (Poupart's ligament). This being accomplished, the skin of the abdomen is drawn toward the crest of the ilium, and the needle passed through the original aperture, unthreaded, and the finger and it withdrawn. We have, therefore, one scrotal and one abdominal aperture—the latter directly above the aperture of exit of the hernia. Nothing now remains but to tie firmly home the two ends of the salmon-gut, cut it short, and let it drop into the wound. A pad and spica bandage are applied, a dose of opium is given, and the patient kept in bed until the parts are well matted together. The knot of salmon-gut will either become encysted or come away, it matters little which; in either case the approximation of the pillars is certain. It is satisfactory to the operator that the assistant should pass his finger up to the internal ring, when he can distinctly feel it grasped as the ligature is tightened. It is absolutely necessary that the salmon-gut should be soaked in warm water for five minutes before being used, and that long round threads should be selected. The needle should be threaded from the concave side.

Iodide of Potassium in Syphilis.

Mr. Berkeley Hill remarked in a late clinical lecture:

The modes of giving iodine vary much with the individual. Small doses of two or three grains, three or four times daily, should be combined with some aromatic or astringent tincture or infusion to prevent the irritation of the alimentary canal that sometimes occurs. But these small doses soon lose their effect, and must be gradually increased by about one-third at successive steps. This rule holds good also for large doses. If a patient ceases to derive benefit from twenty grains, the increase should at once be made to thirty, for a smaller addition to the dose seldom has any effect. The augmentation should be continued until the disease has disappeared, or until symptoms of iodism show that no more can be borne. In the latter event the use of iodide should at once be discontinued for a short time, and subsequently resumed in some other form. For example, if iodide of potassium has been previously used, the sodic or ammoniac iodide should be tried, and that in half the former dose. Sometimes it happens, after taking long courses of iodide of potassium, that the stomach grows intolerant of the alkali, the tongue becomes white and furred, the stomach loathes food, and the syphilitic symptoms cease to show any abatement.

This condition is often not comprehended by practitioners, who abandon the iodide (or are themselves abandoned by the patient), and take to mercury or some other drug, which in such a state of the alimentary canal can command no success. A dose of blue pill and colocynth, with a few days' treatment with nitro-hydrochloric acid, and complete abstinence from alcoholic drink, will, however, speedily restore the appetite, clear the tongue, and render the patient again able to take the iodide. Mr. Hill has known a disordered stomach to make iodine inoperative, even when that drug had been taken for only a short time. In one case he was applied to by a medical man for advice about a very painful node on which iodide of potassium produced no effect. He found that the stomach was considerably deranged, and prescribed some simple remedy for its condition before making a further attempt with the iodide. Then, on the iodide being resumed, the patient was immediately relieved of the pain and swelling, which it had before failed to influence. Again, the use of iodine can sometimes be prolonged, after the system has tired of it, if combined with sarsaparilla, of which the most useful forms are, in Mr. Hill's opinion, the liquid extracts of Bell or Squire. One, two, or even three drachms should be given in half a pint of water, with the requisite dose of iodide, about midway between, or two hours after, meals. Ammonia very greatly assists the effect of iodide of potash in debilitated patients. It is a more valuable adjunct than the salts of iron even. Four or five grains of the sesquicarbonate may be added to the draught of iodide. Bromide of ammonium added to the iodide has apparently also a good effect in the nervous affections of syphilis.

With regard to the form of iodide to be employed the salts of potassium, sodium, and ammonium alone can be trusted to produce marked effects of iodine; but which of these is preferable Mr. Hill hesitates to decide. The taste of each of them is perhaps equally disagreeable; but the sodic and ammoniac forms, having smaller equivalents of alkali, furnish a larger amount of iodine, weight for weight, than the potassic. Empirically, he has not been able to detect any particular advantage in any one of these salts over the others. Either of them, if pushed too far, will produce iodism; and the patient will at one time bear one better than another. He has not been able to detect any difference between the effects of these three salts, except that each is useful for ringing a change in cases where the use of iodine must be long continued.

Normal and Pathological Local Temperature.

Dr. Jacobson, of Königsberg, relates, in Virchow's *Archiv*, vol. 51, second part, a series of experiments upon animals, by means of thermo-electricity, to

ascertain the actual temperature of some viscera. He found, contrary to Claude Bernard's opinion, that the blood is warmer in the left than in the right heart. But he verified and found correct another assertion of Bernard's—viz., that the liver presents a higher temperature than the axilla and the rectum. Dr. Jacobson also recognized that the temperature of intensely inflamed skin and muscles never runs as high as the temperature of inner portions of the body, such as the upper part of the rectum or vagina, or the cavity of the abdomen. M. Bernhardt and Dr. Jacobson, excited, by caustic injections, pleuritis and peritonitis with exudation, and by carefully experimenting and measuring they found the following opinion of John Hunter's in accordance with fact, viz.: "That local inflammation cannot raise the temperature higher than the degree of warmth found at the source of the circulation."

The Chancrous Poison.

Mr. C. F. MAUNDER, Surgeon to the London Hospital, said in a recent lecture:

At the present time I am of the number of those who believe with Ricord in the unity of the syphilitic, but the duality of the chancrous poison—that is to say, that constitutional syphilis is a natural consequence of the *hard* and not of the *soft* chancre. We have been fortunate indeed in seeing the two kinds of sore, with some of their attendant consequences, exemplified on the same patient; but this very case might have tended to upset the above theory, had it been seen later. A hard sore will sometimes run its course without the patient having been aware of its existence. The enlargement of the glands, free from pain, often escapes notice, and a mild rash, causing no irritation, is observed only when the above symptoms have disappeared, and thus soft chancres may be accredited with infecting the system. Thus you see a hard sore will sometimes require no treatment, but very often it will not heal without the administration of mercury, either in the shape of blue-pill, inunction, or the mercurial vapor-bath; and blackwash is a useful topical application. Should the alum-wash appear unsuitable to soft sores, treat them on general principles.

Action of Mercury on the Liver.

Dr. T. R. FRASER concludes an exhaustive article on this subject in the *Edinburgh Medical Journal* for April, in these words:

The examination we have now concluded of the various doctrines respecting the action of mercury on the liver, has shown us that this substance undoubtedly exerts a cholagogue action, in so far that by its influence the flow of bile into the intestinal canal may be increased. It has further shown that there exists some evidence in favor of the doctrines which imply that mercury may increase the formation of bile by a direct and indirect action on the liver, and also by an action in virtue of which various abnormal conditions that interfere with the secreting functions of this organ are removed.

The evidence in favor of the latter doctrines is by no means satisfactory; and, on this account, it is to be regretted that the experimental investigations we have referred to are inconclusive, and, therefore, of no value in increasing our knowledge. The present state of therapeutics urgently calls for more certain, exact, and positive information respecting the action of remedies and the pathological conditions in which they are exhibited. Until this is obtained, the practice of medicine must be founded on more or less unsatisfactory indications; but it is quite unjustifiable to urge that, because our knowledge is imperfect, therefore the results of empiricism, even when most valuable and undoubted, are to be discarded. Empiricism shows that mercury is beneficial in certain diseases, and that it acts in various conditions as a cholagogue; but we are not entitled to discard its use because our knowledge of the mode of action, and of the pathological conditions in which it is indicated, is imperfect. More or less vague indications must undoubtedly be trusted to; erroneous applications must frequently be made; and an indiscriminate and injudicious employment must often occur, and call forth wise remonstrances, or give an opportunity for the assertion of injudicious prejudices. A therapeutical doctrine founded on plausible evidence, even when this is insufficient to establish it on a firm scientific basis, will, however, remain a proper, though unsatisfactory, guide for practice, so long as the reasons advanced against it are themselves inconclusive and unsatisfactory.

Poisoned with Sweetmeats!

This sentence threatens to take its place among the verdicts of coroners' juries, if we may judge from what we hear of the sale of poisonous confectionery. A correspondent of the *Pharmaceutical Journal* writes: "A short time since I purchased some comfits of a most respectable dealer in Oxford street, and my suspicions being aroused by the brilliant colors of some of the sweets, I examined them and found that chromate of lead, vermillion, and other metallic poisons had been used in their manufacture." The idea of this may well strike terror into the hearts of those who superintend the nursery. There is, however, one great safeguard, which may be condensed into the moral, Never buy sweetmeats which are colored brilliantly. A still safer moral is, Never buy sweetmeats at all.

MEDICAL AND SURGICAL REPORTER.

PHILADELPHIA, MAY 13, 1871.

S. W. BUTLER, M. D., D. G. BRINTON, M. D., Editors.

☞ Medical Society and Clinical Reports, Notes and Observations, Foreign and Domestic Correspondence, News, etc., etc., of general medical interest, are respectfully solicited.

Articles of special importance, such especially as require original experimental research, analysis, or observation, will be liberally paid for.

☞ To insure publication, articles must be *practical, brief* as possible to do justice to the subject, and *carefully prepared*, so as to require little revision.

We particularly value the practical experience of country practitioners, many of whom possess a fund of information that rightfully belongs to the profession.

The Proprietor and Editors disclaim all responsibility for statements made over the names of correspondents.

A NOTE OF PROGRESS.

The medical department of Harvard University at Boston, Mass., has become one of the largest medical schools in the country. We are gratified to find that its large and able faculty is not satisfied to settle down in the old beaten path of cramming all branches of medical science into the minds of first and third course students alike, but that it has adopted the system so long advocated by Dr. N. S. DAVIS, of Chicago, and adopted several years ago in the Chicago Medical College, of dividing the studies into three courses, one for each of the years required by custom in this country for attendance on medical lectures. The following is the curriculum of study adopted by the faculty:

For the first year—Anatomy, Physiology and general Chemistry.

For the second year—Medical Chemistry, Materia Medica, Pathological Anatomy, Theory and Practice of Medicine, Clinical Medicine, Surgery and Clinical Surgery.

For the third year—Pathological Anatomy, Therapeutics, Obstetrics, Theory and Practice of Medicine, Clinical Medicine, Surgery and Clinical Surgery.

The advantages to the student of this plan of division of studies are self-evident, and it is to be hoped that other medical schools throughout the country will adopt the principle.

With the adoption of this principle in medical education must ultimately come the lengthening of the course of study. Three years do not give sufficient time for a thorough acquirement of even the theoretical part of medical knowledge, while much time should be devoted to witnessing and engaging in the practical application of this knowledge at the bedside of the sick before the student enters upon the duties of a general practitioner of medicine.

This action of the medical department of Harvard University is the most hopeful sign of medical progress that has appeared for many years, and it should popularize this school with medical students.

THE MORAL ASPECT OF SANITARY SCIENCE.

When other considerations fail to influence public action, when the dangers of death and disease are not sufficiently appalling to induce an observance of sanitary regulations, it is high time soberly to appeal to the religious sentiment, and to demand that in the interest of virtue and morality there should be a stop put to those causes which generate sin quite as fast as they do sickness.

There is little room for doubt that to strike at the root of the filth, laziness, drunkenness, and disease, of great cities, we must begin with the homes of the poor. We must trust to the school-board and the churches for available means of regenerating their physical conditions of existence. Over crowding means dirt, disease; moral and mental depression: these carry with them vice and drunkenness as invariable corollaries.

In England Dr. TRENCH has called attention, by a special publication, to the necessity of revolutionizing working-men's dwellings in Liverpool, as an essential preliminary to success in the efforts now being made to relieve that town of the reproach of excessive mortality and a shocking record of drunkenness. He traces the present high death-rate in no small measure to the immigration of Irish pauperism in 1846–7, when from 60,000 to 70,000 immigrants settled themselves permanently in Liverpool, occupying every nook and corner of the already overcrowded lodging and sublet houses, and even forcing themselves into the cellars.

The state of things is quite as bad in the New York tenement houses, and in the viler portions of many other American cities. In such swarming hives modesty, purity and

cleanliness are next to impossible, and the highest virtue one can practice is stoicism.

There is altogether too much inclination on on the part of physicians to underestimate the value of the assistance, counsel and support of religious teachers; there is not unfrequently a disposition on the part of the latter to overlook the intimate relations which exist between the moral and the physical parts of man's nature. The poor will be benefited when a better understanding is brought about between these two professions, and the work of relieving sin and suffering is entered up on as one requiring coöperation.

Notes and Comments.

Criminal Abortion.

This subject was discussed at the recent meeting of Missouri State Medical Association, and a special committee, consisting of Drs. F. T. DAVIS, MORRIS and PALLEN, was appointed to prepare and submit to the Legislature of the State, at its next session, suitable and appropriate legislation to reme dy the evil.

The Board of Health of this City.

Among the departments of our municipal government Boards of Health, for obvious reasons, are among the most important. It is fortunate for our city that just at this important season its Board of Health has been reinforced by so eminently appropriate an appointment as that of Dr. ALFRED STILLÉ, just made by the Court of Quarter Sessions. The appointment is made to fill the vacancy occasioned by the death of Dr. ELIAB WARD, late President of the Board, and we earnestly hope it will not be declined. Dr. Stillé is not a seeker of office, and the fact that the office has sought him is an evidence of his fitness for it.

Dr. JAMES MCCREA has been elected President of the Board.

Dr. EDWARD WARREN has resigned the Chair of Surgery in the Washington University of Baltimore. Dr. Warren has long been known as a skillful surgeon, an able teacher, and an obliging gentleman. He is one of the founders of the medical school in which he has been professor, and his resignation will be learned with regret by many interested in its welfare.

Webster's Unabridged.

Those of our readers who are not the fortunate possessors of this invaluable work know not of what they deprive themselves. Besides being a fountain of knowledge from which every member of a family may draw supplies, the scientific and professional man will often find it quite as satisfactory to meet their several wants as even the dictionaries compiled for their special use.

Medical Societies.

Secretaries of medical societies in all parts of the country, State, county, or city, will do us a favor, and themselves and the profession a service, by furnishing us with reports of their proceedings. When possible, we would much prefer reports giving condensed account of the proceedings, omitting unnecessary details and matters of mere local interest.

Cheap Medical Colleges Condemned.

The Missouri State Medical Association, which met recently in St. Louis, placed the seal of its condemnation on the practice of some of our medical schools of lowering fees in order to attract students. The following pointed preamble and resolution were passed:

WHEREAS, The grand struggle for existence between the numerous schools throughout the country has been degraded, in many instances, to one of mere dollars and cents by lowering the charges, and that this unprofessional step is accomplishing more than anything else to lower the standard of our profession; therefore be it

Resolved, That we approve the recommendation of the American Medical Association, that a uniform standard of charges be adopted by the various medical schools, and recommend that any medical school in this State resorting to low prices for increasing their classes be excluded from this association.

The American Medical Association.

The American Medical Association met in San Francisco on the 2d inst. Over two hundred delegates were present from the eastern States. Delegates from women's medical institutions were ruled out. Dr. D. W. YONDELL, Jr., of Louisville, Ky., was elected President. The next meeting will be held in this city.

University of Pennsylvania—Professor Appointed.

At a meeting of the Trustees of the University of Pennsylvania, held last week, Prof. D. HAYES AGNEW was *unanimously* elected to the Chair of Principles and Practice of Surgery, made vacant by the resignation of Prof. H. H. SMITH. Prof. Agnew will also continue in the Chair of Clinical and Demonstrative Surgery, as heretofore.

This appointment is one which will give universal satisfaction, and is as much an honor to the Institution as it is a well deserved and hard earned compliment

to the receiver. Under his previous supervision the Clinical teaching of the University, has already assumed the position demanded by the practical spirit of the times, and we may look for greater advances in the future.

Correspondence.

DOMESTIC.

Scarlet Fever.

EDS. MED. AND SURG. REPORTER:

Much has recently appeared in your truly valuable REPORTER in reference to the contagious character of scarlet fever and the treatment of that intractable disease. If you are not weary of such communications, please accept this as a contribution to your columns.

In regard to the contagious character of the disease in question, I am as well satisfied that it is so as I am of my existence. In proof of this I present the following cases: I had a little girl seven years of age who had never experienced a day's sickness till after the occasion of a visit to a little friend of her's five years of age, who was laboring under a severe attack of scarlet fever. On the third day following her visit she was taken with vomiting, and in a couple of days after the eruption of scarlet fever made its appearance. She received the best of attention both from her nurses and medical attendants, but died during the third week of her illness. She had not been exposed to any other sources of disease, nor was scarlet fever prevailing in the vicinity of her home. She contracted the disease from the friend she visited, and fell a victim to it. A second case was that of a young gentleman, seventeen years of age, attending school at Tremont Seminary, in this place. He had an exceedingly mild attack of the disease, which progressed rapidly to recovery. During the period of desquamation he left for home, some twenty miles distant. His sister, a young lady of eighteen, took charge of him, washed, dressed and prepared his food. In a week after her brother's arrival she was down with scarlet fever, and died during the second week of her illness. In this case the disease seemed to be intensified by transmission. These two cases alone perfectly satisfy me that scarlet fever is positively contagious, and were it necessary, I could narrate a score or more to substantiate my position. In regard to the treatment of this ailment, I do not believe we are any better posted than were our fathers half a century ago; nor do I believe that any one plan of treatment is applicable to all cases. What will prove beneficial in one may become detrimental in another; and the idea that ice, or chlorate of potash, or iron or caustics to the throat, or greasing the patient from head to heels, or cravatting him with patches of rusty bacon, operate as specifics, is altogether chimerical. Till we are better educated in regard to the cause of scarlet fever, the conditions that render individuals susceptible to its impression, and the hygienic measures that tend to mitigate its virulence, exercising common sense, prescribing what we know will render the sufferer comfortable, by controlling excitement, alleviating pain, combatting complications, and giving support to the system when demanded, seems to me to be the most rational and advisable course to pursue. Treat the case on general principles and do not halt to wrangle about this particular plan of treatment or that. We have no more faith in one special plan of treatment in the majority of cases of scarlet fever than we have in that of some of our German neighbors in a certain section of this county, who rely almost entirely upon excrement from the pig sty made into poultices and applied to the throat for the cure of this terrible disease. The moment a child exhibits symptoms of the disease the neck is enveloped in one of these filthy applications, huge in its proportions. We well remember, on one occasion, visiting a patient whose throat was encircled with one of these odoriferous specifics. On entering the room we were almost stiffled by the intolerable stench, and not knowing what occasioned it, ordered the windows to be hoisted and the doors thrown open. "Got in himmel!" replied the old nurse, "I dinks, doctor, dat cold will kill der boy; why de warmer de room ish, and der more dat swine dunger smells, de quicker it kills de pisen in der throat." We remarked to the old lady that we thought if the scarlet fever did not poison the child the poultice would, and at our request she dispensed reluctantly with her favorite medicament. It is said the homœopathists are far more successful in the treatment of scarlet fever than the regulars. If they are, it is because their remedies, being void of potency, nature alone controls the disease. Their patients get well by letting the disease alone. Be this as it may, thirty years' experience has satisfied me that the less heroic medication patients laboring under scarlet fever are subjected to the better for them. We have frequently heard medical men assert that by their peculiar plan of treatment they scarcely ever lost a case of scarlet fever. If they did not, we rest pretty well assured they were not troubled with many cases to lose.

We have not the slightest disposition to underrate medical treatment in the disease in question. We have strong faith in the virtue of medicinal agents, and believe that much can be done by their judicious administration in robbing scarlet fever of

its horrible malignity and giving relief to its prostrated and suffering victims, but we do not believe, as before observed, that under existing circumstances we can, by any special plan of treatment cut short the disease, or in other words, in the majority of cases cure the patient. Let us do the best we can in every case to bring about recovery, not forgetting to give nature a large share of credit for the restoration of the patient to health and vigor, and in the meantime exert ourselves to ferret out, if possible, the cause of this scourge of childhood, determining the peculiar conditions under which it is most likely to exert its deleterious influences on the human organism, and the best means to prevent its development and fearful propagation; let this be done, and the treatment of the ailment will most likely be a matter of minor consideration. The old adage, "That an ounce of prevention is worth a pound of cure," is particularly applicable to scarlet fever.

In conclusion, we remark that in this disease good nursing is equivalent to good medical treatment.

J. B. Dunlap, M. D.

Norristown, Pa.

News and Miscellany.

Dr. Brown-Sequard.

The members of the profession will hear with pleasure that this gentleman has returned to Boston, and will make it his place of residence, for the present at least. Driven from Paris by the threatenings of war during the last summer, he receives a hearty welcome form his brethren here, and his professional services will be gladly availed of by those having important cases in his specialty.

The Medical Profession in Vienna.

In 1870 there were 739 Doctors of the Medical Faculty, 107 Military Doctors having rights to practice in Vienna, 2 civilian and 16 military Masters of Surgery, 73 municipal Surgeons and accoucheurs, 52 dentists, 50 apothecaries, and 725 midwives; making a total of 1,764. In the year 1860, the numbers of Doctors of Medicine were 584, of Military Doctors having right to practice 73, of Masters of Surgery 22, of municipal Surgeons 113, of dentists 26, of apothecaries 45, and of midwives 885.

——Two natives of the Garrow-hills, in Madras, are to be trained as vaccinators to practice in their tribe, which suffers severely from small-pox. On the other hand, the villages of Kunnool oppose the entrance of vaccinators by force, and hide their children in the jungle.

——A Western editor has been sent abroad by his subscribers on account of ill-health. This is the first instance of the kind on record. Clergymen are sometimes subject to this treatment.

The subscribers who sent him were probably those who were "in arrears," and who took this method of testifying their appreciation of his "eminent abilities" and "self-sacrificing labors."

——Dr. Sabine, assistant professor of anatomy in the College of Physicians and Surgeons of New York, has taken the place of Prof. C. L. Ford, in the chair of anatomy and physiology at the medical school, Bowdoin College, Maine. Prof. Morse, of the Peabody Institute, and the Boston School of Technology, is giving a course of twenty lectures on comparative anatomy and zoölogy, at the same institution.

M. Sédillot, of Paris, by means of an electrical apparatus, raises the temperature of his instruments to a white heat, and then performs any surgical operation, which is scarcely felt by the patient, as burns at that heat cause little or no pain.

MARRIED.

Badeau—Bisco—In New York, May 4, at the residence of the bride's parents, by the Rev. Wm. McAllister, C. W. Badeau, M. D., and Louise Edgar, daughter of John Bisco, Esq., all of that city.

Bloomfield—Davenport—At Peru, Indiana, April 26, Dr. E. M. Bloomfield and Miss Helen L. Davenport.

Cole—Leeds—April 26, at the Reformed Church in West Thirty-fourth street, New York, by the Rev. Isaac Riley, Edgar B. Cole, M. D., of Waterford, N. Y., and Mary E. Leeds, daughter of Joseph Brooks, Jr., of Warwick, Orange county, N. Y.

Jackson—Loosley—In this city, April 20th, by Rev. J. L. Withrow, Dr. William Henry Jackson, of Quebec, Canada, and Miss Ruth Loosley, of Philadelphia.

Johnson—Burgess—In Grafton, Vt., April 12th, Dr. E. W. Johnson, of Redwing, Minn., and Lizzie Burgess, of Grafton.

Stimson—Parker—In University Place church, New York, on April 13th, by the Rev. Dr. Booth, Daniel M. Stimson, M. D., and Edith M., daughter of Willard Parker, M. D., all of New York.

DIED.

Clark—At Paris, Ill., while on his way to Europe, April 17th, Dr. E. A. Clark, of St. Louis, Mo., Professor of Surgery and Surgical Anatomy in the Missouri Medical College.

Cutter—In Red Bank, N. J., recently, Dr. Smith Cutter, aged 90 years.

Dwight—At Henderson, N. Y., on the 6th ult., Azubah Dwight, wife of Dr. P. Dwight, in the 79th year of her age.

Hoffman—At Sing Sing, N. Y., May 5th, Dr. A. K. Hoffman, father of the present Governor of New York, aged 74.

Hyde—At Freeport, Me., April 22, Dr. Ephraim A. Hyde aged 56 years.

Jacobi—On April 27, in New York, Kate Rosalie, wife of A. Jacobi, M. D.

Newell—May 2, Gustavus Adolphus Newell, son of Hon. Wm. A. Newell, M. D., of Allentown, N. J., in his 21st year.

Mr. Newell was a student in the Medical Department of the University of Pennsylvania, and a young man of great promise.

Pond—In New York, April 29, Pluma, wife of James O. Pond, M. D., aged 78 years.

Vanderpoel—Suddenly, in New York, May 3, Ann Priscila, wife of Dr. Edward Vanderpoel.

THE
MEDICAL AND SURGICAL REPORTER.

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Original Department.

Communications.

TWO CASES OF ENLARGED OVARY, CAUSING OBSTRUCTED LABOR BY FALLING INTO THE CAVITY OF THE PELVIS.

By T. B. Camden, M. D.,
Of Weston, West Virginia.

Case I.—I was sent for November 12, 1867, in the evening, to attend Mrs. S., æt. about 30; the mother of three children; had been enjoying good health; was in labor with her fourth child. Upon examination I found a tumor presenting, which appeared to be near the size of a child's head at full term; above the tumor the head could be felt through the dilated os uteri. The first stage of labor passed without any advancement until the second stage set in, when violent and continued expulsive efforts brought the child down upon the tumor, and pushed it lower in the pelvis. Frequent efforts were made to reduce the tumor, but every effort was unsuccessful. I asked for a consultation. Dr. Bland of our town was called, and arrived just before daylight, and upon an examination found everything as above stated. His efforts to reduce the tumor were unsuccessful also, until we had well nigh become discouraged, and had sent for Dr. Hills, of the asylum; but before his arrival Dr. B. had, whilst she was in pain, made another effort, and by steady pressure the tumor glided upward, the child's head came down, and she was soon delivered of a female child, alive and healthy.

For the first twelve hours nothing unusual showed itself. The tumor was well up in the right side; tender to the touch, and appeared about as large as a child's head. Soon pain and greater tenderness, with some enlargement of the tumor, showed itself. Irritative fever now set in; the enlargement gradually increased until it appeared as large as a grown person's head. She gradually sank and died on the 29th of November—17 days after the birth of the child.

This was, undoubtedly, I think, a case of enlarged ovary, which had fallen below the child toward the last months of pregnancy, and had become impacted and pressed down by the weight of the child in the pelvic cavity. Inflammation supervened from the violent pressure upon the tumor, causing the rapid enlargement and perhaps suppuration. No *post-mortem* was allowed. But I do not think any other treatment was justifiable under the circumstances; she had not been in labor more than 12 hours, and not more than four in the second stage.

Case II.—Was called, March 13th, 1871, to see Mrs. D.; æt. about 32; the mother of eight children, and English by birth; I found her having pains regularly, and she reported that the waters had ruptured and had been slowly coming away since morning; I saw her about 11 A. M.

Upon an examination I found what I supposed to be the womb and its contents well down in the pelvis; but after several ineffectual efforts to find the os, left the case for an hour, no little puzzled. Again I visited her and examined, but still found no os. I supposed the case to be one of partial retroflexion, and that the os must be above the pelvis. I persevered time and again, and after introducing the two fingers high up above the os pubis I succeeded in finding the os well dilated and the vertex presenting. This discovery at once revealed the true nature of the

case—a large tumor filled the cavity of the pelvis, and it was this that I mistook for the womb and its contents; so much did it appear in size and feel like it. I at once placed her in the knee-elbow position, and tried to remove the tumor by steadily pushing it up; but my efforts were unsuccessful.

I then asked for a consultation, and Drs. Bland and EDMISTON were called. They corroborated my diagnosis, and, after an ineffectual effort to displace the tumor, advised that the case be left to nature until morning. This was now 11 o'clock at night. I remained with her all night, and after another ineffectual effort to press the tumor up, I ceased all efforts until daylight, at which time my mind was made up that the time had arrived to do something, if possible, to relieve her. I wrote a note to Dr. B. and C. to "come at once and bring a trocar and canula," and thought, if they coincided with me, to puncture the tumor at once through the vaginal wall.

But after deliberating we concluded to wait until 1 o'clock, A. M. (but not until I had taken the trocar in my hand and went to the bedside to operate). At the time stated Dr. HILLS of the Hospital for the Insane, an old practitioner, met with us again. The case remained pretty much as we left it, only the patient was somewhat exhausted. Puncturing was again debated; again it was deferred until 2 o'clock, at which time Dr. KUNTZ, also of the asylum, would meet us. We met again; very little change had taken place. We were about to leave the bedside to deliberate upon the operation when I again placed her in the knee-elbow position to give her another chance, and after pressing steadily and firmly against the tumor, whilst she had a pain, the tumor gradually receded, violent expulsive pains came on, the head came down, and in three or four pains she was delivered of a healthy female child. The placenta soon followed, naturally. She was much exhausted, and soon retching and vomiting came on, which occurred more frequently, until at last it was incessant; nothing would lay on the stomach until I gave her pretty freely of opiates with ice. She passed an uncomfortable night, still vomiting; next day she still vomited everything taken into the stomach, her mind began to wander, and she gradually sank and died on the morning of the 16th, 36 hours after delivery, and about 60 hours from the time active labor set in.

Post-mortem, five hours after death. The general system indicated previous good health.

An incision was made from the umbilicus to the pubis, and on opening the abdomen a large quantity of purulent looking fluid welled up, which had to be taken up rapidly to keep it from running out of the opening; the quantity was estimated to be a quart. The womb was well constructed and healthy, the bowels also presented a natural appearance. The right ovary was healthy, but on searching for the left one we at once found the seat of disease. The tumor was found wedged into the culdesac, between the vagina and rectal walls, and bound down by adhesions; and from the upper portion we could see the matter welling up through a rent in its walls, and after removing the tumor we could readily see its nature. It proved to be an altered ovary which had formed itself into a sac, and upon its outside surface was attached also four cystic tumors filled with amber-colored liquid, and perhaps held about a pint of the fluid. These were not ruptured.

Upon opening the sac and more fully exploring its contents we found in its cavity a mass of hair matted firmly together, and formed into a ball near the size of a turkey egg, which was with great difficulty separated. The hair was of the size and appearance of fine hair from a lady's head, and through it was yellow coloring matter resembling very much yellow ochre. The case was thus made clear: a rupture of an ovarian tumor had resulted from the prolonged labor and great pressure to which it was subjected at the time of the birth of the child.

The question arises, could death have been averted by the operation of puncturing the tumor and discharging its contents through the vaginal walls? Although death might have ensued after an operation, and many, perhaps, would have attributed her death to such an operation, yet I am of the opinion that we should have operated; and in a like case certainly would urge it more strongly than I did, from the fact that I have seen two unfortunate cases, of rare occurrence, in three years, terminate fatally. I do not think an operation in the first case would have been justifiable, as the short time of her labor would not have warranted it.

In neither case was there any cause to suspect any tumor or abnormal condition until

labor set in. Mrs. D. suffered some with a bearing down sensation, and difficulty of urinating for some days before her confinement—but nothing very unusual. Mrs. S. suffered no inconvenience as far as I know.

SULPHATE OF ALUM AS AN ANTISEPTIC.

By T. Curtis Smith, M. D.,

Of Middleport, Ohio.

Two months ago I was attending a case of obstinate uterine hemorrhage in a lady that had been the subject of an abortion. I had resorted to various means to check the discharge of blood, and, at times, had it completely controlled; but it recurred repeatedly. I was sure there was nothing within the uterine cavity to keep up the hemorrhage, but to make myself sure beyond a doubt, I introduced a sponge tent, dilated the os sufficiently to examine thoroughly the cavity of the uterus. I found nothing but small clots, which had probably formed there by the escape of the blood being prevented by the tent. As the discharge was at the time quite profuse, and the lady's life in danger, I introduced a tampon, consisting of small pieces of fine, soft muslin, packing in one piece after another till the vagina was thoroughly and tightly packed. These cloths were dipped in cold water before being introduced. The day subsequent I removed the tampon, and found it to possess a most horrible smell, and the smell on the hand extremely difficult to remove. On this same day, finding the hemorrhage not entirely checked, I introduced finely powdered alum in a very thin muslin sack, and held it against the os by packing bits of soft muslin behind it, as before. This was allowed to remain in the vagina thirty-six hours. I fully expected the same horrid smell on its removal that was present when the tampon was removed the previous day. To my surprise there was no disagreeable smell whatever attending its removal. This caused the idea to occur to me that probably alum possessed some antiseptic properties. Again the alum was introduced and left forty-eight hours without any unpleasant odor. A third time it was introduced, as there was still some hemorrhage, and left three days (72 hours), and when removed was colored with blood, but had no bad odor. I at once made search in all the authorities in my possession and in some libraries belonging to others, but found no statement with reference to the antiseptic properties of alum. I learned incidentally that it is used in the paste of book-binders to keep the paste from souring. Whether this is so I do not really know; but if so, it is only another proof of its antiseptic powers.

In mentioning the above facts in the Meigs County (Ohio) Medical Association, Dr. J. B. Smith, of Chester, Meigs county, Ohio, said he had often observed that the tampons he used, when saturated with a strong solution of alum, had no unpleasant odor when removed, but had never thought of alum being the cause of this absence of putrefactive odor.

Since writing the above, I was called to a fearful case of menorrhagia. As no time could be lost I immediately plugged the vagina with cloths, as before, with the same result with regard to the offensive odor, though the cloths did not remain but 12 hours. I then used the alum tampon, as above, which, though left longer than the cloths in the first instance, had no offensive odor. The remedy thus proves, not only a valuable astringent in such cases, but also combines with it antiseptic properties of value. All intelligent practitioners know the liability, in very anemic cases, of the absorption of decomposing material, when kept in constant contact with an extensive mucous surface. If alum will prevent this by checking, or rather preventing the decomposition of the blood, it will prove very advantageous in the treatment of all diseases of this character.

These facts led me to a series of experiments, the object of which was to test the antiseptic properties of alum. I took four pieces of raw beef as near alike in size, shape and quality as possible. One I covered completely with dry alum; another I placed in a saturated solution of alum; the third in water; the fourth I laid on a stand near the other pieces, without anything on it. The piece covered with dry alum, after laying for three weeks, was slightly mouldy, but had very little odor; the piece in the alum solution, by that time, had a slight offensive odor; the piece in simple water had become quite intolerably offensive; the piece that had nothing on it had also an offensive odor, but not as bad as that in water. Decomposition had barely begun in the pieces treated with alum when the

others had gone far into the process of decomposition.

I instituted a second series of experiments, by again taking four pieces of beef, as before. One I put into a saturated solution of alum; one into a saturated solution of potass. chlor; one in water; and one simply exposed to air, without anything on it. The two last mentioned had gone far into decomposition, and became very offensive before either that in the alum or potass. chlor. presented any signs of decomposition or emitted an ill odor, the alum being the last to become really offensive. Potass. chlor. is well-known on account of its chlorine to be antiseptic, though not powerfully so. But alum, so far as I know, has not been proven to be antiseptic. I do not believe the latter possesses very powerful antiseptic properties; nor have I so far any reason to believe it is more than very feebly disinfectant, except in the sense that carbolic acid is so; namely, in preventing or retarding decomposition. But, if it is antiseptic, though not powerfully so, the knowledge of this fact can often be utilized by the profession in the treatment of various diseases, as hemorrhagia, post-partum hemorrhage, epistaxis, nasal catarrh, and severe leucorrhea, or any disease where a plug or tampon is necessary, and where a more powerful remedy is not desirable or needed. In nasal catarrh the remedy will probably have the effect to remove the offensive odor which so often accompanies this distressing malady.

I simply offer this for what it may be worth. If any one has preceded me in the discovery, I shall not regret it. I hope members of the profession will test its value thoroughly, and that reports may be seen from others beside myself, whether *pro* or *con*.

True, the number of cases in which it was tried, as well as the number of experiments, are limited; but I think them quite enough to justify the statement that alum is to some considerable extent an antiseptic; and as it is cheap and found in abundance everywhere, it can readily be applied for good purposes where a powerful antiseptic or disinfectant is not needed or cannot be procured.

ALLEGED MALPRACTICE—CASE OF RUSSEL vs. WARDNER.

By F. R. Waggoner, M. D.,
Of Mound City, Illinois.

This was an action brought on the 7th day of January, 1870, to recover damages in the sum of $10,000, for alleged malpractice by the defendant, Dr. H. Wardner, of Cairo, Ill., in the treatment of a complicated injury of the plaintiff's arm. The case was called for trial at the April term of the Circuit Court, in Alexander county. On the 29th of June, 1869, the plaintiff, while at work on a new house, fell from a platform, several feet, to the ground, striking upon his left hand, which was extended so that it received the full force of the fall, whereby the radius was fractured, obliquely, a little below the insertion of the *pronator radii teres*, the head of the radius dislocated forward upon the humerus, the external condyle of the humerus was broken, and slightly displaced outward; the orbicular, anterior and external lateral ligaments were badly lacerated, and the lower end of the ulna was thrust downward, causing a rupture, or stretching of the radio-ulnar ligaments of the wrist. He was assisted into an adjoining house, and a messenger sent for the defendant, who arrived in about thirty minutes after the injury occurred. He set and dressed the arm, and attended upon it for five or six weeks.

The arm was carefully and repeatedly examined by medical experts, during the trial, which lasted five days, and was found to have more than half the natural amount of flexion and extension at the elbow joint, complete motion being prevented by osseous deposit in the olecranon fossa and coronoid depression, a very slight displacement of the head of the radius, outward and backward, as though crowded out from the sigmoid cavity of the ulna by the interdeposit of fibrinous matter, or the thickening of the interposed tissues. The rotation of the hand was about three-fourths the natural amount, pronation being good, with supination somewhat impaired. There was a depression at the point of the fracture of the radius, the oblique ends of the fragments encroaching upon the interosseous space, the distance between the radius and ulna, at the point of union, being about half the width of the space, or from two to three-eighths of an inch. The hand was, consequently, deflected somewhat to the radial side, and the lower end of the ulna appeared somewhat prominent. The plaintiff's testimony in his own behalf was vague, and much confused. He swore that the arm was dressed with two *straight* splints, a *little wider* than the arm, reaching from the elbow to the ends of the

fingers, which were retained by a roller bandage applied over them from the fingers to the elbow, and that he could then *see that the arm was crooked* from the "*formality*" of it. He appeared to think that the arm had never been set straight. The plaintiff produced several medical witnesses, including Dr. Jas. Roberts, of Carbondale, and several physicians of Cairo, who testified that it would not be good surgery to dress a broken arm without bringing the fragments into apposition. There was no evidence tending to show that any of Dr. Wardner's treatment was improper, or that he had been guilty of any negligence or unskillfulness in the treatment, further than the impression of the plaintiff, that his arm had never been straight. This, with the exhibition of his deformed arm, was his case.

After the plaintiff had closed, Dr. Wardner, the defendant, was put upon the stand, and detailed, in a minute and clear manner, his treatment of the case. He testified that the bones were properly adjusted, and that the arm was straight; and, on this point, his testimony was corroborated by that of Captain Farris, who acted as an assistant at the time. The treatment was fully approved and pronounced to be in strict accordance with the highest authority, by Drs. Dunning, Evans, Wadgymar, Taber and Brigham, of Cairo, and Dr. Waggoner, of Mound City, who were in attendance; and by Drs. S. D. Gross, of Philadelphia; Dr. Frank H. Hamilton, of New York; Dr. Paul F. Eve, of St. Louis; Drs. Moses Gunn, Edmond Andrews and N. S. Davis, of Chicago, and Dr. A. Hudson, of the U. S. Navy, whose depositions had been taken in the case. Each medical witness examined, whether on behalf the plaintiff or defendant, stated that, considering the character and extent of the injuries to the plaintiff's arm, judging of those injuries, not from the diognosis of the defendant, but from the appearance of the arm at the trial, the result was as good as could reasonably be expected.

The medical witnesses stated that, had the fragments of the radius *not* been reduced and properly adjusted, the pain would not have ceased (the plaintiff having testified that the pain stopped as soon as Dr. Wardner took hold of the arm and began to dress it) upon the application of the dressings; and, judging from the evidences of the injuries sustained, then apparent, that if the radius had not been reduced, the plaintiff would undoubtedly have lost his arm.

The defendant introduced evidence showing misconduct on the part of the plaintiff, and a disregard of the instructions and directions of the defendant.

After the testimony was all in, the plaintiff dismissed his case, it being manifest that the evidence utterly failed to sustain his declaration, and he left the halls of justice, it is hoped a wiser man, satisfied, probably, to pay nearly a thousand dollars to find out that he had been well treated.

Hospital Reports.

UNIVERSITY OF PENNSYLVANIA.

Service of Prof. D. Hayes Agnew, M. D., Professor of the Principles and Practice, and of Clinical and Demonstrative Surgery.

April 12, 1871.

[REPORTED BY DE F. WILLARD, M. D.]

Cystomata.

Gentlemen: We have present this morning a very fortunate succession of cases of cystic tumors of the neck.

Case I.—Is congenital, and is found upon the person of this little babe, thirteen months of age who was born with this immense tumor upon the side of its neck, which was then but little smaller than at present. Within the past few months, however, its bulk has perhaps been slowly increasing; but the change is not materially noticeable. It has apparently given no pain, and the child's health has always been excellent. Upon palpation the mass of the tumor is soft and fluctuating, except at the posterior portion on a line below the ear, and also at a point about the external face of the angle of the jaw, where hard prominences are found, evidently indurated lymphatic glands, which are independent of the bulk of this tumor, and are undoubtedly strumous in their character.

The mass hangs like a huge sac from the side of the neck down over the clavicle as you see, and was sufficiently large at the time of birth to occasion a cause of dystocia, though not to any great degree. The parents are healthy, and have brought this child from the interior of the State for relief.

Now our first question is, of course, to decide upon the nature of this difficulty. Is it a fatty tumor? No; it is not lobulated, and is too soft and fluctuating; neither is it likely to be an abscess, since such a condition would rarely be antecedent to birth; and pus would scarcely have remained confined during these thirteen months without

creating more disturbance, but would probably have made its way to the surface long ere this. My opinion is that it is a cystic tumor of the neck, sometimes known as "hydrocele of the neck." These growths are often and most commonly perhaps found in connection with the thyroid gland, from a dilatation of some of its vesicles, which dilatations are placed by BILLROTH in a doubtful position between exudation, follicular and neoplastic cysts; but they may also originate from other sources. For instance, the whole or a portion of a lymphatic gland may degenerate and a fluid form in one of its divisions, which fluid, gradually increasing in quantity, will distend and stretch the surrounding connective tissue, until, becoming thickened by the excited irritation, it forms a true enveloping wall, and thus, I believe, a cyst may be formed, although it is denied bysome pathologists that lymphatic glands do give rise to cysts. Two cases which I shall show you to-day, however, can, I think, be more reasonably and satisfactorily explained by this theory than by any other; and why should it not be so? A cystic tumor may be defined in general terms as a sac filled with fluid or pulp. Now I think these tumors, and many certainly which I have seen have answered this definition, and yet I am sure have been formed from glands in the manner I have mentioned. Some writers make the distinction of "cyst" for those growths in which the sac had previously existed, and "cystoma," in which it has developed entirely anew. The majority of cystic tumors I believe to belong to the latter class, and these lymphatic formations are such. They are neoplastic cysts, resulting from softening of previously diseased structure, which, having formed a sac, grow by the constant secretion which is exuded from the inner wall of the sac.

Another common mode of formation of cysts is by the obstruction and gradual dilatation of gland ducts, as seen in ranula and in the obstruction of sebaceous glands. These are the "retention cysts" of VIRCHOW, and, surgically speaking, it is convenient to class them as cysts, though they are truly but an accumulation of the contents of an obstructed tube.

The surrounding connective tissue having once formed a sac, secretion goes on, and in the large cysts epithelium may be discerned in some cases, although ROKITANSKY remarks (*Ueber die Cyste*) that such epithelium frequently does not exist, but that the inner layer is a "nucleated, structureless or striated blastema, externally splitting into fibres in the direction of the long axis of the oval nuclei it contains." This cyst wall sometimes thickens, calcifies, or degenerates, giving us different varieties of forms in actual practice. The contents may vary from serum to a firm gelatinous material, and the color is watery, yellowish or brown.

The situation of the single serous cysts in the neck, which is their most common position, is in front, at or near the thyroid gland, or upon the sides, or even over the parotid. The congenital cases, like the one under consideration, are sufficiently rare, although quite a number are recorded. [Vide WERNHER, *Die Angeborenen Cysten-Hygrome, Giessen*, 1843, and GILLES, *De Hygromatis Cysticis Congenitis, Bonnæ* 1852, etc.—DE F. W.]

In such cases, of course, it is impossible to say precisely where the growth commenced, unless we find it directly connected with the thyroid gland. Still I think the most probable origin is in a lymphatic gland. Some cysts of the neck, even when seen low down near the clavicle, are found to have a communication with the submaxillary or sublingual ducts, thus constituting a sort of ranula, which may, in the course of years, become large cholesteomata by the deposit of epidermis.

The treatment of these hydroceles of the neck may be comprised under two heads: The first I will show you upon this patient; the other upon the succeeding cases. The first method has for its object the closure and destruction of the sac, which is accomplished by puncture and evacuation of the contents, followed by the injection of iodine, or by the passage of a seton through its substance, either of which will fulfill the desired result. In all these serous sacs, when I use iodine I prefer to use the undiluted tincture, and allow a drachm or so of it to remain, rather than to use a weak solution and draw it away after a few moments, since I think the former plan more safe and effectual, as I remarked in our last lecture.

Precisely how iodine operates upon the interior of a cyst or of a serous sac, is not quite determined. It may set up sufficient suppurative inflammation to totally destroy the sac, or when in less degree to cause adhesion of the two sides, or it may be by the destruction of the endothelium (when it exists), with a consequent arrest of secretion and shrinkage of the sac.

In the present instance, as the child is young, I will use the seton, since with it we can better control the resulting inflammatory symptoms.

I shall therefore first puncture the cyst and allow the escape of all this yellowish fluid which you see, after which I will pass a double thread of silk entirely through it, and allow it to remain until I see evidence that it has accomplished its mission, when it will be removed. The hard portions of the tumor, the enlarged glands, probably will not be affected by the treatment, but if we can compel a closure of the cyst, they can be appropriately treated afterward, as in an ordinary case of strumous enlargement.

[The tumor was then punctured and the contents thoroughly evacuated. The latter portion of the discharge was filled with curdy lymph, precisely like that seen from glands, thus showing its origin from one of these bodies, as pre-supposed. A seton

was carried through the lower portion of the mass and a compress applied. The child slept well, and on the following day the inflammation commenced. On the second day it was thought advisable to remove one of the strands, and on the fifth day the second, as the requisite amount seemed to have been excited, the discharge having become purulent and no serum perceptible. The openings speedily closed, however, and it became necessary to open them and insert small, perforated gum drainage tubes, which answered a most excellent purpose and permitted the escape of pus as quickly as formed. On the tenth day violent inflammation ensued, but was successfully combatted by lead and opium lotions, and when it subsided the posterior, hard, glandular portion of the tumor seemed suddenly to have softened and was decreasing in size thus exceeding even the anticipated result. From the fifteenth day the whole tumor continued to contract and the discharge to lessen, until it has now diminished to such an extent that it is no longer pendulous, but merely a slight enlargement, scarcely more than could be expected from the yet existing gland at the angle of the jaw. The process is still in operation moreover, and in a few weeks we hope to see an entire cure effected.

During the great drain of the discharge the child's strength was supported by an abundance of beef tea, milk and whisky, and he lost but little flesh.—DEF. W)

Blood-Cyst.

CASE II.—H. A., æt. 40 years. This woman has, as you see, a large tumor of the size of an orange upon the side of her neck, situated behind the angle of the jaw. She states that it commenced about a year since, soon after a strain of the neck, at which time she experienced a slight sensation of pricking in the part, and that it has since steadily continued to increase in size, but has been unaccompanied by pain. It is soft, regular, smooth, moveable and fluctuating. It is beneath the superficial fascia but above the deep—and is, I think, a cyst. It certainly is not a fatty tumor, for it is too soft, and is not lobulated; nor is it an abscess, for my exploring needle, which you so often see me use, reveals a dark-brown liquid as contents.

It is not likely to be malignant, as there are no evidences either in itself or in the accompanying symptoms. There are sometimes found in the neck certain cysts which are but transformations of vascular, erectile tumors—nævi—yet there is no history of such a growth in this case.

Indeed, judging from its history, therefore, and all the facts of the case, I am inclined to the opinion that it is not even glandular, but that it is one of those cases sometimes found in which rupture of a blood vessel has occurred, and the resulting extravasation became encapsulated, just as a foreign body will often be entirely surrounded with a sac. In some cases the opening into the blood vessel remains pervious, and when the cyst is fully formed we find it fed from this vessel, forming almost a kind of venous aneurism,—a hæmatoma (extravasations-cysten. Virchow.)—whose contents may be almost pure venous blood.

With this view, then, is it advisable to remove the mass? Yes it is, since the size is increasing, and it may cause much trouble in the future by its large size and the attending pressure. The form of operation will be bodily excision of the entire sac, since either injection or the passage of a seton would be extremely dangerous should the opening of which I have spoken exist in the vein.

My incision will be directly down upon it, and by a careful, slow dissection or enucleation process, endeavor to free it from all its surroundings, and then trace its pedicle to such vessel, if I am right in my diagnosis. Of course, we must use considerable care, for here is the external jugular vein coursing over the course of the tumor on its way down to the subclavian; and we should also always be on our guard for extra or abnormal branches, which so often occur. These vessels can be rendered prominent by arresting the current with the thumb placed above its point of disappearance under the clavicle.

There are also several unimportant superficial nerves, but they are of no moment, even if divided; but deeper down we may expect to find the more important structures, the descendens noni nerve in front of the carotid sheath, the pneumogastric or par vagum, and the internal jugular vein in the sheath, while the sympathetic is behind, and the phrenic far to the outside. All these should be borne in mind, as it has been truly remarked, that no operation, however simple, should be commenced upon the neck without the ability, skill and necessary instruments at once to ligate the carotid artery, or compress the jugular vein, since an accident requiring such a procedure is not improbable. Our incision will be of good length, and in such direction as to be concealed by the folds of the neck provided we can do so without risk of wounding any vessel.

[The operation was then commenced, and care exercised that the cyst should not be ruptured, the handle of the knife or the grooved director being constantly brought into use. After thoroughly clearing it from the surrounding tissues, it was found to lead directly to and to be fed from a branch of the internal jugular, which was ligated, and the mass removed. During the operation, the carotid artery and internal jugular were freely exposed, but were uninjured. Its contents consisted of blood, as had been supposed, and it was evident that the communication with the vein had been direct. There was no difficulty from hemorrhage, and the wound healed nicely and quickly.—DE F. W.]

Blood Tumor.

CASE III.—Here is a man who says that he received a severe injury from the wheel of a cart, across the back of the scapula and shoulder, about two weeks since. He sustained no fractures, but now presents an immense tumor upon the back of the shoulder, of the size of one's fist, which is soft,

fluctuating, and of a dark purple color, while about its edges are various shadings of colors—green, yellow, etc.

This is a true "blood tumor," a hæmatoma, from extravasation of blood, which has not yet, however, become encysted, as often happens in small effusions, yet such might occur, as in the last case, provided sufficient time be given. Here the blood is diffused through the subcutaneous connective tissue, and has gradually worked its way toward the surface, so that it is now much more apparent than it was soon after the inception of the injury, as frequently happens in these cases.

Now, when such a fluctuating tumor lies so close beneath the skin, the temptation is great to plunge in a knife and quickly evacuate the contents; but should you be tempted to this, the most serious consequences might result—as the tumor might connect with an artery, or again, the entering air might so hasten decomposition as to poison the system in a short time. *Never touch these blood tumors*, then, but simply paint them with iodine or other stimulants; apply pressure and wait for time to complete the cure by absorption. Suppuration may occur, it is true, but expectancy even here is the best treatment, nature usually performing a better cure when left unassisted. Should the symptoms show commencing putrifaction of the contents, however, then an incision would be beneficial, but this is rare.

Cystic Tumor of Neck.

Case IV.—Here is another woman with an immense tumor upon the left side of her neck, behind the sterno-cleido-mastoid, which, like all the preceding ones, is soft and fluctuating, and from its growth and general characteristics I believe to have originated in a degenerate lymphatic gland. It is decidedly translucent, as tested by a candle and contains, as the exploring needle shows, a colorless liquid. It is freely moveable, but having been in position for so many years, has undoubtedly caused the disappearance of the deep fascia above which it was originally seated, and now has no limitation except by its own proper enveloping wall. It is on this account that we often have such difficulty in the removal of these tumors, since it may be prolonged in any direction, even down beneath the clavicle, and sometimes even appears below it, displacing everything before it. In this anucleation be very careful to avoid all nerves, as serious results may follow their division or injury. I have seen loss of voice follow the removal of tumors near the trachea, from injury of the recurrent laryngeal, and also great interference in respiration rom a wonnd of the phrenic or pneumogastric.

Such, gentlemen, are some of the forms of cystic tumors with which you will meet; but when we have separated all which may be from known causes, there will still be a few cases which can be traced to no definite mode of origin, which must necessarily be placed, for the present, among primary cysts, independent of any secreting structure.

[The tumor was then carefully enucleated, though the wall was found exceedingly thin and delicate. Not being limited by the deep fascia, it extended into the inter-muscular spaces, and down beneath the clavicle, so that when removed the subclavian and transverous colli arteries and the Bruchial plexus of nerves were plainly to be seen. The contents were serous in character, but contained curdy material sufficient to point to its glandular origin. Two large external jugular veins coursed over its surface, but were easily avoided. The wound was loosely brought together, and compresses applied to prevent burrowing of pus.—Def. W.]

Medical Societies.

TRANSACTIONS OF THE TWENTY-SIXTH ANNUAL MEETING OF THE OHIO STATE MEDICAL SOCIETY.

Held in Cincinnati April 4th and 6th, 1871.

[REPORTED BY J. W. HADLOCK, M. D.]

FIRST DAY—MORNING SESSION.

The Society met in Hopkins' Hall, at 9 o'clock, and was called to order by the President, Dr. T. A. Reamy, of Cincinnati.

Rev. Dr. Briggs, of Trinity Church, opened the meeting with prayer.

Vice Presidents, Drs. H. J. Herrick, of Cleveland, Brown, of Urbana, McE. Bright, of Akron, and Bramble, of Cincinnati, took seats upon the platform.

The Secretary, Dr. W. C. Hall, was present. Dr. J. B. Thompson, Treasurer was present and entered upon the discharge of his duties.

The President announced the first business in order was the reading of the minutes of the last session. Dr. W. W. Dawson moved that the reading of the minutes be dispensed with. Motion adopted.

The report of the Executive Committee was called for, whereupon Dr. E. B. Stevens, chairman of said committee, submitted the following report:

Your Executive Committee beg leave to report that the use of this hall has been secured for the meetings of this society; and it is believed that all necessary arrangements have been made for the comfort and convenience of the society.

Your committee suggest that the meetings be held at 9 o'clock A. M. and 2½ o'clock P. M.

Tuesday evening at 9 o'clock the Society is invited to a banquet in this hall, given by the profession of Cincinnati to the Kentucky and Ohio State Medical Societies.

Wednesday, at 9 o'clock A. M., election of officers; at 11 o'clock A. M., invitation to visit the Cincin-

nati Hospital; at 3 o'clock P. M., President's annual address; at 9 o'clock P. M., banquet at Odd Fellows' Hall, Ky., by Covington and Newport to Ohio and Kentucky State Societies.

Thursday, 9 o'clock A. M., business, etc.; at 11 o'clock A. M., invitation to Holly Water Works, Covington.

The following railroads have kindly agreed to return members who have paid full fare coming:

A. & G. W., C. H. & D., D. & Mich., D. & Western, Little Miami, C. X. & C., Clev., Col. & Indianapolis, Marietta. The steamer Boston carries members at half fare.

All of which is respectfully submitted.

Stevens, Dawson, Davis, Cowan, Miles, Dougherty, Executive Committee.

Dr. E. B. Stevens, on behalf of the Executive Committee, and also on behalf of the profession of Cincinnati, delivered the following welcoming address:

Mr. President and Gentlemen of the Ohio State Medical Society: It is my very pleasant privilege, on behalf of the Executive Committee, as well as the entire profession of Cincinnati, to welcome you to our city on the occasion of your "twenty-sixth annual assemblage."

Representatives of almost every part of our great State, once more you lay aside the armor of your daily conflict with disease—lay aside the anxious cares and fret of your life-battle—lay aside your duties, with their constant mental and physical tension, and come up to this our annual reunion.

We trust the past year has matured your thought, ripened your judgment, enlarged your experience; and, in this interchange of professional thought, we shall all go home with greater capacity for usefulness in our work; and in this interchange of professional friendships and courtesies, go home with kindlier regards for our medical fellows—more earnest purposes for continued labors and usefulness in the art and science of medicine.

This society last convened in this city in 1854. What wonderful changes these seventeen years have wrought! This city has grown in all its features; old landmarks have given way to palatial structures, massive business houses, elegant residences, churches, colleges, a grand hospital edifice; arts, manufactures, letters, merchandise, have been wonderfully developed; and the changes are but typical of those which pertain to us as medical men, and in many respects are inseparably interwoven with our progress. As a society too, how have we changed! Some *of us have grown—have grown older!*

Some honored men are no longer with us who were listened to in those days with pleasure and profit. Shotwell, Harrison, Mussey—and within a few days, Carroll and Taliaferro—are all gone. Their work is done. Having completed their labor, they are gone to their reward.

Thank God, many who were workers of 1854 are still with us, and good for many a conflict yet. Woodward you honored with the Presidency then. He is still in the ranks, and with us to-day—and Russell, and Thompson, and Smith, and Hamilton, and Tate, and Dawson, and Mussey, with scores of others, advancing in years, but blessing society with their lives.

What a wonderful fullness, too, of dramatic events has been crowded into these seventeen years. Since we met here then the world has had its terrible civil upheavals and commotions; our own land has shared in fratricidal strife; in it all the good physician has ever had his toilsome, often thankless, but ever heroic and gracious work to do.

To us the genius of peace, with her bright wings, has returned—let us hope for all time. Our land is again blessed with quiet; we have resumed the glorious arts of civilized and Christian people; brother is again heart to heart with brother. In our social relations as physicians, let us aid in bringing oblivion over all the sad, dividing past. Intestinal strife is not for us. Let us push forward while we may those things which advance the prosperity and wealth of a nation, and the comfort and happiness of people. As we assemble here to-day, under such pleasant surroundings, we have for all these an omen of good. Our brothers across the river have in like manner left their homes and duties and work, and like ourselves they are assembled in our beautiful sister city of Covington. I am glad that this will give us, of both States, a season of social intercourse and intermingling, to brighten our scientific labors, such as comes to us but once in a life-time. Let us cultivate the opportunity. Ohio and Kentucky have a glorious record in the past—a glorious history of common and undying interest. Kentucky and Ohio have a glorious host of medical men; let us intermingle and learn that, in the future as in the past, we have a common heritage of profession—hope—country.

In conclusion, gentlemen, allow me to congratulate you on the steady progress we are making in medical knowledge, and the various arts and practices which prolong human life. We have had our social and civil commotions, and yet these have but exhibited the vigor of the people. The country is being more and more developed; cities grow, princely estates are placed under culture, elegance and refinement mark the character of the people. In the same steady ratio of progress do we grow, in all that pertains to medicine; the laws of health, plans for protecting communities and cities from plagues and epidemics, therapeutics, surgery, midwifery—in all directions we grow. The transactions and reports of this society in part mark, from year

to year, the grand aggregate; and I trust the work of this year will add one more way mark to tell of the earnestness, fidelity and ambition of the profession of medicine in Ohio.

Once more the profession of Cincinnati extends the sincere hand of welcome to our brothers of Ohio.

The President announced that, owing to the illness of Dr. W. B. Davis, a vacancy was made in the Committee on Admissions, and appointed Dr. M. Cassett in his stead.

Dr. J. B. Thompson, Treasurer of the Society, by leave, made his report, which, on motion, was referred to the Finance Committee.

The Committee on Finance respectfully report that they have examined the accounts and vouchers of Dr. J. B. Thompson, Treasurer of this Society, and find them correct, as follows:

Balance in Treasury at last report -	$306 99
Receipts from initiations, assessment and sale of transactions, - - - - -	690 47
Total, - - - - - - - -	$997 46
Total amount of expenses as per vouchers,	869 18
Balance in Treasury, - - - - -	$128 28

We further recommend that the Treasurer and Secretary receive the same salary as last year; that the transactions be bound as the last, in cloth; and to meet this increased expense, we advise that the assessment this year be two dollars.

W. H. MATCHETT,
W. H. MUSSEY.
Finance Committee.

April 4, 1871.

On motion of Dr. W. W. Dawson, a committee consisting of Drs. M. B. Wright, W. P. Kincaid, C. Woodward, Alex. Dunlop, and E. B. Stevens, ex-Presidents of this Society, were appointed to wait upon the Kentucky State Medical Society, and invite the members to meet with us and participate in our proceedings.

The President proceeded to call the standing and special committees. The Committees on Publication and Finance asked time to report. Granted.

Dr. E. B. Stevens, special committee on uterine catarrh; Dr. J. A. Little, special committee on antagonistic powers of opium and belladonna; Dr. D. D. Bramble, special committee on chloral hydrate; Dr. J. R. Black, special committee on sanitary science; Dr. —— Seely, special committee on diseases of the eye; Dr. J. R. Black, chairman of the committee on diseases and all their causes; Dr. S. S. Scoville, special committee on physical and vital forces; Dr. R. Werth, special committee on diseases of the larynx; Dr. W. H. Mussey, special committee on improvements in surgery.

Each reported papers ready at the convenience of the society.

On motion, Dr. E. B. Stevens read his report on uterine catarrh, which was listened to with much interest; and, on motion of Dr. Kincaid, the paper was laid on the table for discussion.

Drs. Lyon, Bigelow, and Harding, delegates from the Indiana State Medical Society, were introduced to the society, and welcomed by Dr. Reamy, the president, and invited to take seats with the members, and participate in the proceedings.

Dr. S. S. Scoville, special committee on physical and vital forces, proceeded to read his report. On motion to refer to the Publication Committee with instructions to print. The paper was discusssed by Drs. Herrick, Hyde, Harding and Scoville; a vote being taken, the paper was ordered printed with the transactions.

Dr. J. W. Hadlock, of Cincinnati, was at this juncture elected assistant secretary.

On motion of Dr. E. B. Stevens, the Secretary read an invitation requestiing the Society to visit the Cincinnati Hospital. On motion accepted.

During the session this morning, the following new members were elected:

Drs. P. M. Brigney, W. Stark, C. A. Miller, Wm. Carson, J. W. Hadlock, Warren Woodward, L. C. Herrick, E. L. Shackelton, H. Lenseman, H. S. Jewett, W. W. Seely, L. A. Cottle, G. B. Orr, D. J. Snyder, John R. Woods, H. Luddenton, Byron Stanton, F. C. Larimore, C. D. Palmer, E. R. Lang, A. Titus, Jas. T. Whitaker, R. McD. Gibson, E. G. McCullom, W. H. Campbell, W. A. Carmichael.

Delegates from the following local societies were present:

Seneca County Medical Society: R. McD. Gibson, E. J. McCollom. Sciota County Medical Society: A. B. Jones, A. Titus, E. R. Lang, C. M. Finch. Meigs County Medical Society: A. L. Knight, J. R. Meeks. Montgomery County Medical Society: H. S. Jewett. Northwestern Ohio Medical Association: E. L. Shackleton. Fulton County Medical Association: S. P. Bishop, Wm. Hyde. Mt. Vernon Medical Society: F. C. Larimore, J. W. Russell, H. W. Smith.

The society took a recess until 2 o'clock, P. M., on motion of Dr. Hall.

AFTERNOON SESSION.

President (Dr. Reamy) in the chair. Dr. J. A. Little, of Delaware, special committee on the antagonistic powers of opium and belladonna, read his report, which was referred to Committee on Publication, with instructions to print.

Dr. E. B. Stevens, chairman Executive Committee, introduced Drs. Todd, Yandell and Kearns, delegates from the Kentucky State Medical Society, who each came forward, and in kind terms extended the greetings of the Kentucky State Medical Society, now in session in Covington, and invited our members to meet with them.

Dr. W. H. Mussey, of Cincinnati, special committee on *improvements in surgery*, read his report, and exhibited casts and photographs of various kinds of tumors.

On motion the paper of Dr. Mussey was referred to Committee on Publication, with instructions to print.

Dr. J. R. Black, special committee on sanitary science, read a lengthy report upon that subject, which was discussed by Drs. McIlvaine, Black and Reamy, and was referred to Publication Committee with instructions to print.

The following is a synopsis of Dr. R. R. McIlvaine's remarks in review of the paper above referred to:

Mr. President—I wish to inquire of our colleague if I understood him, in his able and elaborate paper, that there was a deterioration of the American people, and the feminine portion in particular? [The doctor was proceeding to discuss the questions just raised by Dr. Black in his paper, when he was called on by many voices from various parts of the house to take the platform, that all might hear more distinctly what he had to say. In taking the stand, he remarked that as time was precious, his remarks would be characterized with great brevity.] In the first place, the gratuitous assertion that the beauty of the American women was short-lived, and that before they had scarcely attained their majority, like the early cloud or morning dew, passed away, is a proposition incapable of demonstration.

I have had, Mr. President, the opportunity of seeing women in various places and under varied circumstances. I have not seen them at the receptions of that scamp Napoleon, nor those of Victoria, though I have met with persons who attended both. I am too much of a democrat to seek admission to the residences of despots. Now, let us begin by illustration; and we will give the late Mrs. Madison as a sample of the olden time women. At her advanced age had she many peers? and we leave the history of her time to answer whether she had any superiors. We give her, then, as the type of a class; and we are happy to say that the class of which she was the representative is not extinct, but will assert, without fear of successful contradiction, that there are among the women of Ohio to-day representatives of every decade from that womanhood to the octogenarian, that will compare in point of proportion, which is the foundation of beauty, with the same number of women in this or any other country.

Now, Mr. President, as to the proofs that we are not deteriorating: In 1850, if I remember rightly, in every 2178 of the entire population of the United States, there was one over 90 years of age, and in every 25,000, in round numbers, there was one over 100 years of age. Mr. President, it is not I who speaks, it is history. It is the bible of politics and progress, the census of the United States for 1850, that I credit with these facts.

But further, Mr. President, the State of New York in 1860 had a white population of 3,831,590; of this number there were 1,646 persons over 90 years of age: namely, 704 men, and 942 women; thus in every 2,327 there was one over 90, and in every 41,647 there was one over 100 years; in both cases women being in the majority.

The next State, Mr. President, that we will call your attention to is that of Ohio. In 1860, with a white population of 2,302,808, there were over 90 years of age, 760; of this number were 366 men, and 394 women, and, therefore, there was in every 3,030 one over 90 years of age, and in every 33,864 one over 100 years of age. In this case, as in that of New York, old aged women are in the majority.

Again, Mr. President, we will direct your attention to old Virginia. In 1860, with a white population 1,047,299, there were 245 men and 296 women over 90 years of age—total, 541, which gives one over 90 in every 1,935, and in every 15,178 there was one over 100 in her entire white population.

And further, Mr. President, we call your attention to a more northern latitude. In 1860 the white population of the State of Vermont was 314,369; in this small population there is evidence of vitality; there were over 90 years of age 146 men, and 180 women; and here, as in all the States named, women have the majority. In every 961 there was one over 90, and over 100 thirteen, being one in every 24,182 of her entire population.

Here, Mr. President, we have given a tabulated view of each—west, north, and south, and we think it proves conclusively that we are not deteriorating.

Now, Mr. President, the entire white population in 1860, of the United States, was 26,690,206. Of this number one in every 2,775 and a fraction, was over 90 years of age. Of this population there were 902 over 100 years of age, making one in every 29,578 and a fraction. These figures, Mr. President, speak for themselves, and we pass to inquire whether man in the aggregate has been deteriorating. It was intimated that in the hotter climates, as in India, that the population have to be recruited from more temperate regions. What the capacity of the white man—who is the emigrating man—for self-sustaining and reproducing in all regions, is a question I think history has settled. Emigration is not peculiar to our day, nor are discoveries. Pharo Necho, 616 years before our era, sent out an expedition on a voyage of discovery, who were successful in their mission. Bartholomew Diaz, in 1485 of the Christian era, discovered the Cape of Good Hope, which Pharo Necho's men had discovered 2101 years before. Barnatz, a Holland navigator, in 1596 discovered the Island of Spitzbergen, the most northerly land on the globe, so far as we know,

in the Arctic regions, in latitude 80° 48′; but this is not all; the descendants of these same Hollanders founded a colony at the Cape of Good Hope in 1650, which, so far as we know, remains to the present time. This is in latitude 34° 30′ south.

Now, Mr. President, another subject has been touched upon, and authorities have been cited. You are aware, sir, that authority is not always truth, but truth is always authority. The agitation of this subject is not of yesterday; it carries us to the past; I mean, sir, this subject which has been so severely censured in his paper by our colleague, namely: marriage of relatives. This is a subject that the popes claimed at an early day to regulate by their authority. Thus Gregory the First, A. D. in 598 pronounced marriage unlawful as far as the seventh degree of colateral consanguinity, computed from the common stock. Pope Innocent the Third, in 1198, in the plenetude of his power, claimed that he had a right to dispense with the law; hence, the Lateran council, in 1215, passed a remedy for those disabilities, and permitted marriages after the fourth degree, or what we call third cousins. It may be assumed that these things were done by the popes to be as unlike Judaism, is possible. From 325 of the Christian era, on the 19th of June, when the first Nicene council met, from that time it was the well-defined policy of those unsanctified wretches calling themselves Christians to persecute the Jews, century by century, till 1790, when a new era dawned. The Jew, under the benign influence of the French revolution, found himself recognized as a man.

Now, Mr. President, we are brought face to face with facts against fancy, and demonstrations in opposition to assertion. That science should have its romance as well as literature, is not to be thought strange. For years we have been told, by those who profess to guide us, that the source of all our disasters, social and physical, was the intermarriage of relations. We have stated that the Jew found himself a man since 1790. To-day they are socially, morally, intellectually, politically and pecuniarily stronger than they have been at any period since the year 70, when, on the 10th of July, the Roman General destroyed their temple and blotted them out as a nation. Now let us inquire into their origin; and this demands of us to go east, to Mesopotamia. There, 1998 years before our era, the father of the Jewish nation, Abraham, was born. In due time he married his half-sister. The issue of this marriage was a son, but on this son there is no outer and visible sign of imperfect organization. In due time this son, Isaac, married his first cousin, Rebecca, and from this union sprang two sons, Jacob and Esau, the former in due time marrying his two cousins. He, Jacob, the "New England Yankee of the Bible," became a trader, and his ability to acquire property is historical and the standing type of his race to this day.

But we will not fatigue you with their history—all can read it who choose. We pass on now to the unduplicated man in history, Moses, who was born 1571 years before our era. Was his mother a Greek, and his father from the banks of the Tigris? No! His father, Amram, married his own aunt; his father's sister. Was Moses deaf? or was he idiotic? or, was his brother Aaron a sufferer from mental incompetency? or has the decendants of the Jews to our day been distinguished by those diseases which are said to be the result of intermarriage with relatives? This we emphatically deny, and with all these facts before us, with nearly 2,000 years of oppression from a dominant religion, their adherence to the great fundamental principle of the Mosaic faith, they have triumphed over all disabilities; hence we may conclude, in the language of one of their own prophets: "That Judea yet ruleth with God."

The doctor made the above remarks impromtu, and had to draw on his memory for the dates given, and he stated that if any mistakes occurred in data he stood corrected.

Dr. Dawson, on the part of the Executive Committtee, presented the following order of business for to-morrow:

9 A. M.—Election of officers.
9½ " Dr. Bramble's report on hydrate chloral.
11 " Visit the hospital.
2½ P. M.—Paper of Dr. Seely on diseases of the eye.
3 " Valedictory.
4 " Dr. Werth's paper.

The Committee on Admissions, during the afternoon session, presented the following names, and recommended their admission. All were elected: J. M. Tucker, D. S. Young, A. B. Isham, A. C. Kemper, T. H. Kearney, W. P. Thornton, O. C. Davis, —— Robb, N. H. Sidwell, J. W. Mendenhall.

On motion Society adjourned until to-morrow morning, 9 o'clock.

SECOND DAY—MORNING SESSION.

The Society met at 9 o'clock, and was called to order by the President, Dr. Reamy. Prayer was offered by the Rev. Dr. Boyce, of the Plum Street United Presbyterian Church.

The minutes of yesterday's proceedings were read by the Secretary and approved.

Dr. A. W. Pinkerton, of Indiana, was introduced to the Society by the President, and invited to take a seat with the members and participate in the proceedings.

Dr. Cole, delegate from West Virginia, was introduced—came forward and addressed the Society in a few well chosen remarks.

The Society went into the annual election of officers, Drs. Jones, Wirth and Sinnett being appointed tellers. The result was as follows:

President—Dr. W. W. Dawson, Cincinnati.

Vice Presidents—Drs. L. Kay, Springfield; C. P. Landon, Westerville; —— Sinnett; J. W. Russell, Jr., Mt. Vernon.

Secretary—Dr. W. C. Hall, Fayetteville.

Assistant Secretary—Dr. J. W. Hadlock, Cincinnati.

Treasurer and Librarian—Dr. J. B. Thompson, Columbus.

Committee on Admissions—Drs. Little, Pearce, Grey, Baker and Black.

On motion of Dr. W. H. Mussey, it was agreed that when this Society take a recess it be to 2 o'clock, P. M.

The place of our next meeting was now considered. Dr. Jones invited the Society to Portsmouth. Yellow Springs, Springfield, Dayton and Newark were also named; a vote being reached, Dayton was selected.

At this morning's session the following new members were duly elected:

Drs. N. Hall, Cincinnati; E. A. Day, A. P. Courtright, A. T. C. Worthington, L. W. Bishop, J. H. Green, W. R. Thompson, Jacob Kirby, A. Renfield, J. Ludlow, Wm. Hyde, W. G. Bryant, J. M. Hall, Dr. Haldt, W. M. Logan.

Also the following delegates: Drs. William R. Thompson, Medical Society of Montgomery County; J. W. Hoff and J. R. Meeks, Meigs County Medical Society; Lewis Schwab, Sciota County Medical Society; J. H. Greene, Miami County Medical Society.

The President announced that arrangements had been made for the Society to visit the Cincinnati Hospital at this hour, and the Society took a recess until 2 o'clock. Dr. W. H. Mussey invited the members of the Society to visit the Pathological Museum of his late father, at the Miami College, on Twelfth street, near the Hospital, after the adjournment of the meeting at the Hospital.

The members of the Society, and also the members of the Kentucky State Medical Society, visited the Cincinnati Hospital, and were shown through the extensive wards by the officers of the Hospital. Several interesting surgical cases were shown to the visitors by Drs. Dawson and Kearns.

AFTERNOON SESSION.

Vice President Dr. H. J. Herrick in the chair.

Dr. D. D. Bramble, of Cincinnati, read his report on *Chloral Hydrate*, which was listened to with much attention, and ordered published with the transactions.

The Chair appointed Drs. H. J. Herrick and R. Gundry a committee to wait upon Dr. W. W. Dawson, the President elect, and conduct him to the chair. Dr. Dawson, on assuming his new position, thanked the Society for the honor in fitting terms.

The retiring President, Dr. Reamy, delivered his valedictory address, which was quite able, and the audience showed their appreciation of the paper by frequent applause.

Dr. T. A. Reamy was tendered the thanks of the Society, and on motion of Dr. Stevens the paper was ordered printed with the transactions.

Dr. Seely read his report on *Diseases of the Eye*, which was ordered published with the transactions.

Dr. Werth, special committee on *Diseases of Larynx*, read his report, which was, by vote of the Society, ordered printed.

Dr. R. R. McIlvaine, delegate from this Society to the State Medical Society of New York, made his report of his attendance upon said Society. Report received, adopted, and ordered printed with the transactions.

Dr. Hall presented and read a report of A. N. Reed, of Norwalk, upon the same subject. Ordered printed.

Dr. R. R. McIlvaine asked leave to withdraw from the State Medical Society, by reason of his removal from the State.

Dr. Thompson moved to make Dr. McIlvaine an honorary member of this Society. Carried unanimously.

Dr. McIlvaine thanked the Society for the honor conferred.

The chair announced that papers would be read on to-morrow by Drs. Bartholow and Whittaker.

On motion, Society adjourned until to-morrow morning at 9 o'clock.

THIRD DAY—MORNING SESSION.

The Society was called to order promptly at 9 o'clock this morning; President Dr. Dawson in the chair.

Prayer was offered by the Rev. Mr. Halley, of the Congregational Church.

The minutes of yesterday's proceedings were read and adopted.

The attendance this day was very good.

Dr. Kincaid moved to reconsider the vote fixing on Dayton as the place to hold the next annual meeting, and gave as his reason for said motion that none of the profession of that city had invited the Society there.

The motion was adopted, and Portsmouth was substituted in its stead.

Dr. Roberts Bartholow, of Cincinnati, read a volunteer paper on the use of the *opthalmoscope* and the *sphygmograph* in the study of therapeutic agents. The paper was referred to the Committee on Publication, with instructions to publish with transactions.

Dr. James T. Whittaker read a volunteer paper on *experiments in reproduction*, which was, on

motion, referred to Publishing Committee, with instructions to print.

On motion of Dr. Leonard, Dr. E. B. Stevens' report on uterine catarrh was taken from the table and discussed by Drs. Alex. Dunlap and M. B. Wright. A vote being taken, the paper was referred to Publishing Committee, with instructions to print.

The Society, on motion, took a recess until 2 o'clock, to enable the members to visit Covington and witness the workings of the Holly Water Works.

AFTERNOON SESSION.

Society met at 2 o'clock, President, Dr. Dawson in the chair.

The Committee on Publication made the following report, which was on motion adopted:

525 copies of the Transactions were published at a cost of	$483 00
500 copies of the Constitution,	25 00
	$508 00

W. C. Hall, J. B. Thompson, H. Drury, Publishing Committee.

The Secretary inquired the wish of the Society in regard to the *Report on the Prevailing Diseases of the State.*

Dr. J. R. Black (chairman of said special committee appointed last year)—A motion was made to read the paper by *title;* in consequence of the lateness of the session, Dr. Gundry inquired if the society was not establishing a bad precedent in thus crowding out regular reports and giving place to volunteer contributions.

Dr. Hall explained that the chairman, Dr. Black, was compelled to return home on Thursday morning, and had left his report in his hands, and he was ready to read it did the Society so request, and fully agreed with Dr. Gundry in all he said. The paper was read by title and referred to Committee on Publication, with instructions to print.

Dr. Hall stated that the report of Dr. Black embraced only 28 of the 82 counties in the State, and hence was not complete. He therefore moved that a committee upon the same subject be continued of which Dr. J. R. Black should be chairman. Motion carried.

The President, Dr. Dawson, announced a volunteer paper on the *Infecting Substance in Contagious Diseases and in Epidemics*, by C. G. Comegys. On motion, the paper of Dr. G. was read by title and referred to Publishing Committee, with instructions to print.

The Committee on Finance presented the following, and recommended its payment, which was adopted:

Ohio State Medical Society: To W. C. Hall, Dr.

To 1,000 blank credentials,	$10.00
" 600 post-paid envelopes,	20.75
" circulars,	6.00
" 500 seals,	1.25
Total,	$38.00

W. H. MATCHETT,
Chairman Finance Com.

Dr. James F. Hibberd, of Indiana, and Dr. N. Dalton, of Mineral Point, Wisconsin, were elected honorary members of this Society, on motion of Dr. E. B. Stevens.

Dr. D. S. Young, of Cincinnati, read a volunteer paper on mechanical treatment of stricture, which was, on motion, referred to the Publication Committee, with instructions to print.

Dr. E. B. Stevens stated that he had collected additional historical facts relative to this Society, which his report last year did not contain, and asked leave to submit them to Publication Committee, with instruction to print. Granted.

During the session to-day the following new members were duly elected: Drs. J. L. Wilson, Greenfield; Alfred M. Whitehead, Springfield; N. P. Dandridge, Cincinnati; J. B. Ousley, Jacksonburg; W. W. Shepherd, Hillsboro; R. D. Huggins, West Alexandria; Wm. Sayler, Gratis.

The chair announced the following standing committees:

Executive—A. B. Jones, Schwab, Pixley, C. M. Finch, Titus.

Publication—W. C. Hall, J. W. Hadlock, J. B. Thompson, A. G. Miles, A. Wilson.

Finance—S. B. Williams, Warren Woodward, M. W. Junkers, J. H. Ousley, R. F. Sweney.

Medical Societies—J. D. Colton, D. Noble, J. M. Brown, C. A. Miller, A. C. Kemper.

Medical Ethics—B. F. Hart, Byron Stanton, J. T. Morey, A. Follett, G. B. Orr.

Obituaries—B. B. Leonard, A. M. Brown, M. Cassoh, J. D. Edwards, N. P. Dandridge.

Special Committees.

Uterine Therapeutics—H. J. Herrick, Cleveland.

Ovariotomy—A. Dunlap, Springfield.

Eye and Ear Surgery—W. W. Seely, Cincinnati.

Vaccination—W. B. Davis, Cincinnati.

Nervous Transmission—S. S. Scoville.

Generation—J. T. Whittaker, Cincinnati.

Puerperal Convulsions—J. Pomerine, Cincinnati.

Pathology of the Blood—W. P. Thornton, Cincinnati.

Therapeutics of Mineral Springs—G. E. Walton, Cincinnati.

Therapeutics of Electricity—R. Bartholow, Cincinnati.

New Remedies—E. R. Lacey, Cincinnati.

Gynæcology—C. D. Palmer, Cincinnati.

Chronic Diseases of the Lungs—Wm. Casson, Cincinnati.

Hernia Cerebri—P. S. Connor, Cincinnati.

Obstetric Records—J. Helmick, Cincinnati.

Castration—W. C. Hall, Fayetteville.

Electrolysis—W. H. Mussey, Cincinnati.

Cholera Infantum—A. J. Miles, Cincinnati.

Amputations—S. H. Kearney, Cincinnati.

Belladonna—J. S. Little, Delaware, Ohio.

Diseases of the Larynx—R. Wirth, Columbus.

Uterine Diseases—E. B. Stevens, Cincinnati.

Diseases of the Skin—C. O. Wright, Cincinnati.

Surgical Diseases of Women—T. A. Reamy, Cincinnati.

Medical Chemistry—J. B. Hough, Ridgeville.

Puerperal Insanity—R. Gundry, Dayton.

Prevailing Diseases Throughout the State—J. R. Black, Newark.

Inflammation of the Chest—J. A. Murphy, Cincinnati.

Semiological Value of Yellow Elastic Tissue in Sputum—A. T. Keyt, Cincinnati.

Relation of the Mental to Man's Physical Forces—A. B. Jones, Portsmouth.

Asylum for Epileptics—W. J. Conklin, Byron Station; W. L. Peak.

Psychology—J. W. Hadlock, Cincinnati.

Delegates to American Medical Association for 1872—Drs. Thadeus Reamy, Cincinnati; W. C. Hall, Fayetteville; W. H. Wilson, Springfield; Helmic, Harrisburg; John Little, Delaware; B. B. Leonard, West Liberty; J. S. R. Hazzard, Springfield; John Corson, Middletown; M. B. Wright, Thacker, E. B. Stevens, Woodward, Cin.; Gundry, Dayton, Herrick, Cleveland; W. M. Matchett, Greenville; C. A. Miller, Cincinnati; S. M. Smith, Columbus; R. M. Denig, Columbus; E. R. Lang, Portsmouth; J. W. Hadlock, Cincinnati; Jacob Kirby, Hillsboro'; W. W. Shepherd, Hillsboro'; B. F. Hart, Marietta; J. W. Hamilton, Columbus; R. Wirth, Columbus; J. D. Cotton, Marietta; Jones, Portsmouth; Reeves, Dayton; G. A. Doherty, Cincinnati; Wm. Carson, Cincinnati; D. Noble, Hillsboro'; A. Robb, Blanchester; L. T. Pease, Williamsburg; W. H. Campbell, Concord, Ky.

Delegates to Indiana State Medical Society—Drs. T. A. Reamy, A. C. McLaughlin, R. C. S. Reed, A. E. Heighway, J. T. Whittaker.

Delegates to Kentucky State Medical Society—Drs. A. E. Jeune, J. C. Kennedy, J. A. Murphy, N. Baker, C. G. Comegys.

Delegates to New York State Medical Society—Drs. A. Dunlap, W. P. Kincaid, A. Robb, C. P. Landon, W. H. Mussey.

Delegates to Illinois State Medical Society—Drs. H. J. Herrick, J. A. Little, D. D. Bramble, H. C. Pierce, W. C. Jacobs.

Delegates to Kansas State Medical Society—Drs. W. C. Hall, S. S. Scoville, S. B. Bishop, B. F. Miller, O. E. Davis.

Delegates to West Virginia State Medical Society—Drs. J. W. Hamilton, J. Strong, J. Carson, G. C. Blackman, H. J. Donehue.

The members throughout the State who were in attendance will long remember their professional brethren in the sister cities of Cincinnati and Covington. Their efforts to entertain the members were untiring—good looks, good feeling, good cheer, good banquets—good everything, characterized the meeting throughout.

W. C. Hall, *Sec'y.*

The Society adjourned to meet in Portsmouth on the 2d Tuesday of June, 1872, on motion of Dr. W. C. Hall.

W. W. Dawson, *President.*

W. C. Hall, J. W. Hadlock, } *Secretaries.*

Editorial Department.

Periscope.

Development of Ergot.

Mr. M. C. Cooke writes to the *Pharmaceutical Journal:*

We will say nothing of the difference of opinion as to the ergot itself being a transformation of the germen, or a parasite of the germen, but start at once with the *Secale cornutum,* as the first stage. In this condition it is called by botanists a *sclerotium,* and this particular one is *Sclerotium clavus.* What is to be understood by a *Sclerotium?* is a very natural question to suggest itself. It will not do to pass it as a generic name, since it has no value as a genus, and even were it not so the answer would be insufficient. Fungi are known to be developed in the majority of instances from certain root-like filaments called mycelia. Sometimes these filaments are very much compacted, and in the present, and some allied instances, assume the form of a compact cellular mass called a sclerotium. So that a sclerotium is, in fact, a compact mycelium, a sort of bulbous mycelium, of variable shape. Such is ergot. Whether produced on wheat, rye or the grasses, this sclerotium differs very little in form,

being horn-shaped, whilst other kinds of sclerotium are spherical, discoid or irregular.

The earliest condition of this species is manifested by the presence of a thick gummy matter on the spikes of corn or grass, and this contains granules. During the growth of the sclerotium it is invested by a coating described in detail by Professor Quekett, in a memoir devoted by him to this subject. What the relation is between the gummy matter and the sclerotium and its coating is uncertain, unless it be accepted that the sclerotium is developed ultimately from the base of a spermogone, which, in the first instance, exuded spermatia in the aforesaid gummy mass. The coating was considered a distinct fungus, parasitic on the ergot, by Quekett, and called by him *Ergotetia abortifaciens*, whilst Berkeley retained it in *Oidium*, with the same specific name. It is now regarded as the spermatiferous condition of the complete fungus.

The ultimate stage consists in the growth of little stalked bodies with rounded heads from and upon the sclerotium. If ergot of rye, wheat, etc., be slightly covered with soil in spring (March or April), and kept moderately moist with rain water, in the course of time a crop of these stalked bodies will be produced, but patience is quite necessary, for six months may be required for their growth. These are the *Cordyceps purpurea*, or *Claviceps purpurea*, by which name the whole of the forms of this polymorphous fungus should be called. Hence we have the stroma, or compact mycelium (sclerotium), conidia, spermatia, and finally the ascophores containing the sporidia, and all appertaining to *Claviceps purpurea*, Tulasne.

The ascophores, or stalked bodies with globose purplish heads, are minute and delicate, several of them being often produced upon the same sclerotium. The globose head is the fruit-bearing portion. Numerous cells, with distinct walls (perithecia) are immersed in the substance of the head. Each of these cells contains a mass of long, narrow, cylindrical, transparent sacs termed asci, which are thickened at their apices. Each ascus enclosed eight hair-like sporidia, flexuous and delicate, slightly attenuated toward each end. This is the final and highest development which the fungus attains. A closely allied species is found on the sclerotium of reeds, and another on the sclerotium of *Elymus*—the latter, as far as we are aware, never having been found, except as a sclerotium, in Britain.

On Nocturnal Dyspnœa arising from Heart Disease.

Dr. S. O. HABERSHON says in the *Lancet:*

During sleep the assistance of voluntary muscles is withdrawn; and if the maintenance of this equilibrium absolutely requires voluntary assistance, then the patient is unable to sleep, or, if consciousness be lost, there is a sudden start or fright, followed by hurried breathing or gasping for breath. If we can render the heart independent of this supplemental action, the patient will have comfortable rest. We seek to attain to this condition by the help of medicines. The remedies I have adverted to are the following: morphia and opium, foxglove conium, belladonna, Indian hemp, senega, camphor, alcohol, ether, chloroform, and the hydrate of chloral.

Opium and morphia.—In functional irritability of the heart, these are valuable remedies, but less so in organic diseases. The distress of the patient is often aggravated by them, and sometimes additional excitement is produced. The cardiac nerves are quieted, but the respiratory centres are narcotized; and if the patient sleeps he awakes with increased distress. The secretions are checked, and the heart's action thereby embarrassed. In some instances, where the hypodermic injection of morphia has been used, patients have entreated that it might not be repeated. Very small doses of morphia, however, often prove efficacious in relieving excitement, although not administered in sufficiently large doses to produce profound sleep; large quantities of morphia always tend to increase the pulmonary congestion, and to depress the action of the heart.

Foxglove is a favorite remedy, and in some instances it is of great value. Its primary action appears to be that of a stimulant to the heart, and afterward that of a sedative. Its effect is manifested more upon the cardiac than upon the respiratory nerves, and hence it is a more serviceable medicine than opium. Foxglove acts best in cases of imperfection of the mitral, when there is much irregularity of the heart, and is advantageously given with squills and small doses of mercurials, or with diuretics, as the nitrate or citrate of potash. But whilst I have often witnessed great benefit from its use in quieting and regulating the pulse, in relieving dyspnœa, and in acting on the kidneys, I confess that I always watch its free administration with fear, on account of the numerous instances of sudden and fatal syncope coincident with its employment in full doses. Foxglove may be given more freely when combined with steel, and it is certainly a most affective remedy in cardiac disease.

Conium and *belladonna* are of especial value in those cases where there is spasmodic contraction of the involuntary muscular fibre of the bronchi; that is, where bronchitis or bronchitic asthma is associated with heart disease. In simple cardiac dyspnœa they are uncertain, and only slightly palliative in their action.

Stimulants in the form of alcohol, ether, chloroform, carbonate of ammonia, are helpful for a different reason; they directly stimulate the cardiac

nerves, and the flagging muscular power is roused to fresh effort. But alcohol has the disadvantage, if given continuously, of producing hepatic congestion and of interfering with the free elimination of effete products. Chloroform and ether have in many persons a secondary sedative effect on the heart, and afford only very temporary relief. The carbonate of ammonia in full doses is deserving of a fuller use than is generally received. Ten or fifteen grains may be given with syrup, and whilst the primary stimulant effect on the vaso-motor nerve is beneficial the secondary action on the skin and on the glands is also salutary. The aromatic spirit of ammonia is less energetic in its action, and may be given in full and repeated doses with the next remedy to which I have to allude—namely, camphor.

Camphor is a cardiac stimulant, but its action is transitory and somewhat uncertain. If there be much flatulent distension of the abdomen, it is certainly palliative; but in order to act with any power it must be given in fuller doses than the watery solution.

Senega is an old remedy as a stimulating expectorant, and it was a favorite one with my late esteemed colleague, Dr. BARLOW, who often used it in disease of the aortic valves. I have often prescribed it with benefit in other affections of the heart. It seems to exert a stimulant action both upon the respiratory and cardiac nerves, and tends to lessen paroxysmal attacks of dyspnœa at night.

Indian hemp is another remedy which I have found very efficacious in promoting rest in cardiac diseases. The extract or tincture may be given alone or in combination, and although in this we have a medicine which exerts more marked influence upon the cerebrum, still its subsequent sedative action is more manifest upon the cardiac than upon the respiratory centres; and in this case it is often more efficacious than opium. Both senega and Indian hemp deserve fuller trial than they have generally received in these instances, and I can testify to their beneficial effects in many cases.

The *hydrate of chloral* has been very extensively used as a hypnotic, and in numerous instances it induces calm and refreshing sleep, without any subsequent ill-effects; but where there is great dilatation of the heart, or much weakness of the muscular fibre from degeneration, its employment is not altogether free from danger. In a case of distressing sleeplessness from aortic disease, with imperfection of the valves, twenty grains of the hydrate of chloral produced speedy unconsciousness, which continued for nearly twenty-four hours; but, although so alarming for a time, no ultimate injurious effect could be ascribed to the medicine. In other cases, forty grains have failed to produce any sleep, and the patient has requested that the dose might not be repeated. Where there is much pulmonary congestion I regard its action as still more hazardous; for whatever may be the primary effect of chloral, its secondary action seems to be that of a depressant, both upon the muscular fibre of the heart and upon the pneumogastric nerve; and, if no sleep is produced by it, the system becomes excited, the countenace flushed, the brain disturbed, and we have the semi-intoxicating effects of alcohol without the benefit of its stimulative action. But whilst stating this, I regard the hydrate of chloral a most valuable addition to our list of medicines, although less serviceable in cardiac sleeplessness than where there is no organic disease of the heart or lungs. The hydrate of chloral will often act very admirably for once or twice, and then altogether fail in affording relief.

Treatment of Pertussis.

JOHN J. CALDWELL, M. D., Brooklyn, N. Y., says in the Boston *Medical and Surgical Journal:*

My treatment of whooping cough may, or may not, be entirely new to the profession, viz., local medication by the spray atomizer; my favorite medicinal agents being bromide of ammonium and of potassium, together with liquid preparation of belladonna. Believing in Niemeyer's views of the pathology of this disease, "that whooping cough is a catarrh of the respiratory mucous membrane, combined with intense hyperæsthesia of the air passages," I made my medication directly to the parts affected, and the results have been so satisfactory and rapid that I venture to submit the following cases for your journal:

Cases I. and II. were my little daughters, aged respectively four and two years. They contracted the disease in July, 1869, it being at that time prevalent in our city, and in their cases the malady was decided and distressing. After exhibiting the usual remedies with little or no relief, I resorted to the above treatment, as an experiment. Getting up steam, and placing my little ones upon my knee, in such a position that the spray should play right into the face; as a natural consequence they began crying, and that was just what I expected, and what I most desired, for the deep inspirations would carry the bromides and belladonna home to the local trouble. My formula is as follows:

R.	Ext. belladon. fld. gtts. v. to x.	
	Potass. bromid.,	℈i.
	Ammon. bromid.,	℈ij.
	Aquæ distil.,	℥ij.

M. Ft. solutio.

Of this we use a tablespoonful at each application.

July 11th.—Children much better; the intermissions of greater space. Made another application.

14th.—Attacks very mild; scarcely any whoop. Continued treatment.

16th.—Whoop and spasmodic action gone, with a slight cough, which passed away in a few days.

Aug. 24th.—Was called across the street to see my neighbor's children, three in number; found them suffering from the same affection. The father informed me that the distress was so great and constant that the children could not rest, and were becoming very weak and emaciated; that their physician did not relieve them, and that, as the weather was so oppressive, he felt fearful for their lives. I administered the spray treatment to them in turn, while they were sitting upon the father's knee, as before mentioned. They called on the following succeeding days, viz., 25th, 26th, 27th and 28th, and on the first of September when I discharged them, cured. Sept. 9th, Mrs. McG. called at the office with her little son, æt. 2 years, afflicted in the same manner. After three or four applications we had similar happy results.

The Resurrectionists,

Dr. J. F. CLARKE of London, in some interesting reminiscences in the *Medical Times and Gazette*, relates the following anecdotes of them and their doings:

During my apprenticeship, the murders of Burke and Hare in Edinburgh had been imitated in London by Bishop and Williams. These worthies had carried on the traffic in murdered bodies, it is believed, for a considerable time. Their career was brought to a close by the murder of an Italian boy, whose body they had taken to King's College to sell. The present Professor Patridge was then Demonstrator of Anatomy in the College. His suspicions as to the body and the men were aroused by some appearances he observed, and he accordingly told Bishop and his companion to call for payment the following day. In the meantime, investigations and examinations were made, and the men, on presenting themselves, were arrested; they were eventually tried for murder, convicted and executed. I well remember seeing the body of Bishop on the dissecting-table at the Little Windmill-street School. The others present were– Mr. Mayo, then Lecturer on Anatomy at King's College; Mr. Partridge, his Demonstrator; Mr. Beaman, parish Surgeon; his assistant, the late D. Edwards; and myself, as the representative of the police Surgeon. The day selected for the *post-mortem* examination was Sunday. It was extremely hot, and the sun full upon the little room on the first floor, where we were assembled. I well recollect most of the incidents of the affair, which lasted a considerable time. The boy's teeth had been removed for sale to a dentist, and with this exception there were no external marks of violence on any part of the body. The internal organs were carefully examined; there was no trace of injury or poison. Mr. Mayo, who had a peculiar way of standing very upright with his hands in his breeches pockets, said with a kind of lisp he had—"By Jove! the boy died a nathral death." Mr. Partridge and Mr. Beaman, however, suggested that the spine had not been examined, and after a short consultation it was determined to examine the spinal column. Upon this being done, one or more of the upper cervical vertebæ were found fractured. "By Jove!" said Mr. Mayo, "this boy was murthered." To Mr. Partridge and Mr. Beaman is, I think, due the discovery of the murder. It appeared that it was the custom of the murderers to strike their victim on the upper part of the spine, and when insensible, to place him head foremost in a waterbut. Forty years, nearly, have elapsed since that day, but I have so vivid a recollection of it that I almost feel, on reflecting upon it, the terrible weakness I experienced, the want of food, and the then horrible task which was imposed upon Edwards and myself of sewing up the body when the rest were gone! With the trial and execution of Bishop and Williams, the system of "Burking" came to an end; but there is too much reason to believe that it was carried on to a very great extent in London. Many persons had been missed, and were never afterward heard of; it was naturally supposed they had been murdered and their bodies sold for dissection. And here it may not be out of place just to say a few words respecting the position of the anatomical schools, teachers, and students, previous to the passing of the Anatomy Act. Nothing could have been more unsatisfactory and disgraceful to us as a civilized nation. The outrages against decency, the misdemeanors, which the law was compelled to wink at, continued long after the necessity for a change had been demonstrated. The low ruffians who acted as "resurrectionists" were, to a certain extent, necessary evils, but they were the lowest of the low, and would stop at nothing to obtain their ends. He who recollects the passing of the Anatomy Act will remember how, for three or four years after, he was frequently in the evening waited upon by an ill-looking rascal, who solicited assistance. "I was one of them, sir," he would say, "who lost their work by the Anatomy Act." One could scarcely refuse such an appeal, seeing how much we were indebted to the applicant. But it is awful to contemplate the amount of crime of a worse kind which must have been committed. Wretches who held human life as a mere marketable commodity must, to have lived, committed many murders. Even now the Anatomy Act is imperfect. The inspector should have more power conferred upon him; so that the supply of bodies, under proper regulations, should be equal to the demand. No one could have carried out his duties with more energy and prudence than the present inspector; but he is hampered in his efforts, and thwarted in his endeavours to make the supply suf-

ficient. Of late, however, we are glad to say there have been fewer complaints of a deficient supply than in former years.

A Test for Pus.

Dr. DAY, of Australia, has made some interesting observations on pus, which we quote from the *Medical Times and Gazette*, London:

"In 1868," he observes, "I had the good fortune to discover a very delicate test for pus, and have since been in the almost daily habit of applying it, in conjunction with other tests, as aids to diagnosis. In this way I have learnt some very interesting facts regarding the properties of pus. For instance, I have found that healthy pus, when dried, becomes chemically inactive, although when moistened with water it again resumes its chemical activity than pus derived from healthy persons, and that the pus from persons suffering from diseases allied to erysipelas possesses unusual activity, which it is capable of retaining for years.

"On this paper are two spots of pus which had been allowed to dry by exposure to the air. To one has been added the pus-test alone, with, as you may see, a negative result, dry pus being devoid of chemical activity. To the other a drop of water is added, and then a drop or two of the pus-test, with the result which always follows the application of this test to moist pus—namely, a bright-blue reaction.

"I mentioned just now that pus secreted by persons suffering from diseases allied to erysipelas is more active in its chemical properties than healthy pus. On this piece of glass is some pus taken from a large carbuncle on the neck of an elderly gentleman two years and three months ago. He was suffering from symptoms of blood-poisoning at the time. This pus, as you will see, although it has been freely exposed to the air during the whole time, and sometimes to great heat, still retains its power of acting chemically on the pus-test, and it does so even when dry, thus showing that it possesses greater chemical activity than ordinary pus.

"You will perceive that, in the explanation I have attempted regarding the influence of moist and dry air over the propagation of erysipelas and its allied diseases, I have assumed that when the chemical activity of pus is suspended its power to act as a poison on the system is also suspended.

"I will trespass on your time by bringing one other experiment under your notice, as it may help to explain the *modus operandi* of Prof. LISTER'S antiseptic treatment of wounds.

"I have found that carbolic acid possesses the property of entirely and permanently destroying the chemical activity of pus, whether derived from healthy or unhealthy persons. On this paper is some pus which had been moistened with water, to give it chemical activity. A few drops of watery solution of carbolic acid were then poured over it, and after a lapse of a quarter of an hour, the pus-test was applied, with as you may see, a perfectly negative result."

Dr. Day's pus-test is so simple in the mode of appliance, and apparently so certain in its revelations, that we have little doubt that it will soon come into daily use as an aid to diagnosis. He prepares his test-fluid by exposing a saturated alcoholic solution of guaiacum to the air until it has absorbed a sufficient quantity of oxygen to give it the property of turning green when placed in contact with iodide of potassium. On moistening the most minute quantity of pus with water, and pouring a drop or two of the test-fluid over it, a clear blue color is produced.

Test for Arsenic.

A new and very delicate test for arsenic has been discovered by BETTENDORF. Its sensibility is so great that it is said to be capable of detecting one part of arsenic in a million parts of solution, and the presence of antimony does not affect it. In order to apply this test, the arsenious or arsenic liquid is mixed with hydrochloric acid until fumes are apparent; thereupon stannous chloride is added, which produces a basic precipitate, containing the greater part of the arsenic as metal, mixed with stannic oxide.

India Rubber Breast Pumps.

Dr. METTENHEIMER points out that apthæ are often generated by the use of these. In spite of cleaning the aparatus—a difficult task, as the neck is small—some milk is mostly left in the india-rubber bottle. Decomposition ensues, and germs are generated which eventually settle upon the nipple, and thus contaminate the child's mouth. If the aparatus mentioned is used at all, it will be necessary to wash it out each time with diluted spirits of wine.

Grape Sugar in Normal Urine.

M. HUIZINGA demonstrates the existence of grape sugar in normal urine by the employment of Wolframic (tungistic) and molybdic acids. He shows—1. That urine freed from indican, uric acid and coloring matter, contains a substance which is capable of effecting the reduction of molybdanic acid. 2. Grape sugar reduces this acid also. 3. Urine free from indican, uric acid, coloring matter *and sugar*, is no longer capable of reducing molybdanic acid. *Ergo*, the reducing substance is grape sugar.

MEDICAL AND SURGICAL REPORTER.

PHILADELPHIA, MAY 20, 1871.

S. W. BUTLER, M. D., D. G. BRINTON, M. D., Editors.

☞ Medical Society and Clinical Reports, Notes and Observations, Foreign and Domestic Correspondence, News, etc., etc., of general medical interest, are respectfully solicited.

Articles of special importance, such especially as require original experimental research, analysis, or observation, will be liberally paid for.

☞ To insure publication, articles must be *practical*, *brief* as possible to do justice to the subject, and *carefully prepared*, so as to require little revision.

We particularly value the practical experience of country practitioners, many of whom possess a fund of information that rightfully belongs to the profession.

The Proprietor and Editors disclaim all responsibility for statements made over the names of correspondents.

IS GOOD HEALTH DESIRABLE?

Some extraordinary results have recently been obtained by Dr. WALSHE in an analysis of the influence excited by the previous condition of the body in the production of disease which appeared in the *Lancet*. He remarks that when the direct exciting cause of disease occurs the health of any individual must be in either of the following conditions: It may *be good*, it may be *below par*, or *actual disease* may have set its typical mark on the organism.

With regard to the first condition, good health, it is very common for patients to say "I never was so well in my life as when first seized with the symptoms of my complaint." Among diathetic diseases cancer is an illustration of this, for it occasionally not only originates, but becomes manifest, whilst the patient is in good health; so it may be in acute specific diseases. In typhoid fever, for instance, young and healthy persons, with the flush of rural vigor, are its ordinary victims, and it is the same in the victims struck down by plague, cholera Asiatica, etc.

The term "below par" is not easily defined, and be its cause what it may, general debility, sluggishness of nutritive acts, feeble functional force, and failing weight characterize it, and those exhibiting it are supposed to have a strong proclivity to diseases of all kinds. But there is no evidence to show that the "below par" state is favorable for the development of cancer or gout, or glycohæmia, and many other diseases. The same may be said of tubercle, notwithstanding a very is something wrong in the so-called "below par" state, Dr. W. admits, cannot, for a moment, be doubted; but whether that something wrong struggles to promote, or tends to prevent, the diathetic disturbances belonging to tuberculization is at the present day, he thinks, an unsolved mystery.

The disposition to appropriate the floating poisons of epidemic diseases seems quite as marked among the strong as among the careworn, exhausted, and the underfed, and it is often forgotten that, though a "below par" state of health, brought on by the use of insufficiently reparative food, and by privations of various kinds, is escaped by the rich, they are exposed to the risks of many other quite as active causes of weakened vital energy.

DR. FOTHERGILL, of Leeds, treading on the same ground considers that "an inferior form of general health, a lower general vitality, may be the safest forms of existence." He instances interesting cases, amongst others, one of hæmoptysis, where, every other day, the patient spat up a large quantity of blood, and consequently became very weak. Large quantities of food were given to support the patient, who, notwithstanding, daily grew weaker. Dr. GREEN was consulted and advised a starvation diet of skimmed milk; the hæmoptysis ceased, the patient daily improved, and finally recovered.

It might, then, appear that it is, on the whole, quite as well to be somewhat out of health, as perfectly "hearty." Indeed, the general experience is, that the delicate live longer than the very robust, though it is explained on other grounds than those above.

Insanity from "Religious Excitement."

Every now and then the newspapers give us an account of some one gone crazy through "religious excitement." Of course, excessive excitement of of any kind disturbs the nerves and the brain. But pure Bible teaching carries with it such holy sedatives that we doubt whether it ever injured any mind, however deeply interested. In instances without number, true religion has saved men who, but for its consolations, would have been demented.

The above item, which we clip from an article on "French Insanity" in the Bridgeton (N. Jersey) *Chronicle*, contains more good, solid common-sense in a few words than we often meet with in our newspapers on the subject of insanity. Because an insane person raves on the subject of religion a superficial observer takes it for granted that he is insane on the subject of religion. The *truth* is well

Notes and Comments.

The American Journal of Pharmacy.

A correspondent of the *Chemist and Druggist*, of London, speaks thus of an episode at the semi-centennial celebration of the College of Pharmacy of this city, held on the 23d of February. Mr. THOMAS S. WIEGAND, in speaking of the work accomplished by the College of Pharmacy, spoke thus of the *Journal of Pharmacy*, of which, we believe, Mr. WILLIAM PROCTOR has been editor ever since its establishment:

"The Journal commenced as a slim pamphlet, four numbers of which were issued in three years. It has now completed its forty-second volume of 600 pages yearly, and it was hazarding nothing to say that in no other serial was there more useful, practical, every-day information suited to the wants of the apothecary, and that, after forty years' growth as a gratuitous business under the auspices of the committee outside of the College, it had come to reside at home, and that this Hall was now the office of publication, where, under the direction of its business editor, its material interests would receive prompt attention. Mr. Wiegand then alluded to the resignation of the editor, to take effect at an early date. He, in common with the members generally, regretted the change, but after the reasons assigned the College felt it necessary to accept. There was one duty left, that of acknowledging the great debt we all owe to the editor for his untiring labors, and asking his acceptance, from his many friends, of a testimonial to this feeling. [The editor, who until this moment was unconscious of having any part to act in the programme, was completely taken by surprise when Mr. Wiegand stepped toward him and presented a handsome gold watch, of American manufacture, bearing his monogram and a complimentary inscription.]"

We beg to offer the editor another testimonial, the heartfelt thanks of all his English readers. We were afraid from a sentence written by himself, "that that which had been a pleasure had now ceased to be so," lest some unexplained bitterness had led to a resignation of editorial duties. Surely it cannot be interpreted into any breach of social etiquette if we quote one passage from his own explanatory letter, which we are sure will give as much pleasure to others as it certainly afforded to ourselves.

"I began life as an apprentice, with scientific pharmacy as my first love, and during forty years I have served her with constancy. Teaching and editing are avocations that arose out of circumstances exterior to my vocation as a pharmaceutist, though in harmony with it, and for which I had not been prepared by a liberal education. The harvest was ready and the laborers scarce, so I entered and did my best. A strong desire for liberation from that kind of responsibility that requires prompt mental labor at stated intervals has seized upon me; in a word, to rest from forced work. I always expect to labor, voluntarily, while life remains, but just now, in the intervals of business, I derive more pleasure from training vines and fruit trees than from chemical investigations."

Well Done, Arkansas!

We have received from Dr. J. A. DIBRELL, JR., of Little Rock, a very neat pamphlet containing a report of the "Proceedings of the State Medical Association of Arkansas, at Little Rock, November, 1870, with the Constitution, By-laws and Code of Ethics."

It seems that on the 21st of November a meeting of physicians from different portions of the State convened at Little Rock, and organized the State association, with Drs. P. O. HOOPER, as President; E. R. DU VAL, W. P. HART and J. W. JONES, Vice Presidents; E. V. DEUELL and JULIAN C. FIELD, Recording Secretaries; CLAIBOURNE WATKINS, Corresponding Secretary, and J. B. BOND, Treasurer.

We are glad that, amid all the political excitement that has been distracting that State, our medical friends there can turn their attention to the important subject of organization.

The Discoverer of Anæsthesia.

In a very instructive paper on Anæsthetics, read before the Medical Society of the State of New York, February 8, 1871, and which we purpose making further use of, Dr. E. R. SQUIBB, of Brooklyn, says: The practical application of nitrous oxyde "to dental surgery by HORACE WELLS, of Hartford, Connecticut, in December, 1844, was the commencement of anæsthesia; and hence, in the opinion of this writer, Horace Wells is, in every good, practical sense, the discoverer of anæsthesia, and deserves both the honor and the reward."

The Yellow Fever.

It seems that we are threatened with an epidemic of yellow fever this season, and it will require the greatest vigilance on the part of our various municipal Boards of Health to keep the disease from our shores. Advices from Buenos Ayres to April 12 have been received. The ravages of yellow fever were dreadful, and the deaths have increased to seven hundred per day.

Pepsin and Other Ferments Isolated by Glycerine.

The experiments of VON WITTICH prove that by means of concentrated glycerine, pepsin and other so-called ferments may be completely isolated. The glycerine extracts thus obtained, with but few exceptions, remain unchanged for a long time, so that a stock of ferment may be kept in store. Another advantage gained by this process is that the tissues which have thus been exhausted of their ferment are otherwise so little changed that they can be examined under conditions hitherto impossible.

West Virginia Hospital for the Insane.

Dr. T. B. CAMDEN, of Weston, West Virginia, has been appointed to the charge of the West Virginia Hospital for the Insane, located at that place,

vice Dr. HILLS resigned. We should judge that this was an excellent appointment. Dr. Camden proposes to spend a few weeks in visiting and observing the working of other institutions for the insane throughout the country.

Malpractice Case Settled.

The case of RICHARD M. ORDWAY *vs.* Dr. TIMOTHY HAYNES, which has has been pending in court at Concord, New Hampshire, for over six years, was concluded a few days since. The plaintiff sued for malpractice in setting a thigh-bone on the 20th of May, 1863. The case has had two previous trials, the first resulting in a verdict for the plaintiff of $2,100, and the second in a verdict for the plaintiff of between $600 and $700. In the last trial, which began on the 17th ult., the jury, after being out about seven hours, brought in a verdict for Dr. Haynes, which completely reverses the result of the former trials.

Humiliating!

We find the following humiliating record in the proceedings of the Board of Supervisors of Ohio county, West Virginia, in which the city of Wheeling is situated. The idea of physicians bringing their talents into the market and contending with each other as to which will do most to bedraggle and befoul his mantle is a humiliation to the profession at large that we trust is confined to the locality in which this occurred. We do not recognize among the names in this record any of the respectable physicians of Ohio county, though the name of one of them we believe appears in a list of special contributors to a medical journal of good standing We commend the record to the notice of our contemporary. For the honor of the profession we hope that those who contended for these positions are irregular practitioners. In charity, we shall so regard them:

The Board then proceeded to open the proposals of physicians to attend prisoners in the county jail and poor house.

Dr. Reeves offered to attend the jail three times per week for $250, or on former contract at $70 per annum.

Dr. S. L. Jepson proposed to attend the jail for $59.50 per annum.

Dr. B. W. Allen proposed to attend prisoners at $225 per annum.

Dr. J. H. Storer proposed to attend the poor farm three times a week for $156; Dr. J. English for $450; Dr. E. Weeb for $149; Drs. G. N. & W. A. Cracraft for $200 three times a week, or $300 for a visit every day.

Dr. Jepson's bid being the lowest for attendance at the jail, the contract was on motion awarded to him at $59.50 per annum.

Mr. Kelly moved that the contract [for attendance at the poor farm] be awarded to Dr. Storer.

Mr. Tingle moved to amend by giving the contract to Dr. Cracraft. The amendment did not prevail.

Dr. Storer was then awarded the contract to attend on the paupers at the Poor Farm, at $156 per annum.

NEWS AND MISCELLANY.

——Dr. L. J. SPERRY, a well-known physician of Hartford, Conn., died April 29th, aged 70 years, from a stroke of paralysis. His estate is valued at $80,000, and he leaves a wife and two married daughters.

——The *British Medical Journal*, in a report of a chemical examination of samples of chloral hydrate, expresses disapproval of the practice of stating the dose upon labels attached to chloral hydrate. It says: "In some cases it is done in such a way as to suggest the idea that it is intended for amateurs and as a facility for self-treatment. Considering the possibility that there is, to say the least, of this medicine being misused, and the number of fatal cases which lately have occurred where over-doses of chloral hydrate are suspected of being the cause of death, this is a point on which it is scarcely possible to lay too much stress."

——The method of watering the streets with a solution of the chlorides of sodium, calcium and aluminium, as proposed by Mr. COOPER, appears to have been successfully carried out in London.

QUERIES AND REPLIES.

Dr. W. M. B., Conn.—Potter's Nasal Douche is intended by the inventor to be an improvement on all other kinds, having the great advantage of portability—but we would not like to decide whether *you* would accept it as an improvement.

Dr. E. W. T., N. C.—We know of no Monogram on Chloral Hydrate. You will find a great deal on the subject in the HALF YEARLY COMPENDIUM, for July, 1870, and January, 1871.

MARRIED.

BAKER—HOWARD—At the residence of the bride's father, Elma, N. Y., May 3, 1871, by Rev. Wm. Waith, F. J. Baker, M. D., and Hattie A. Howard.

LIVINGSTON—HOYT—At Yankton, Dakota Territory, on Sunday evening, April 2, 1871, at the residence of the bride's father, by Rev. M. Hoyt, D. D., Henry F. Livingston, M. D., of Fort Thompson, D. T., and Miss A. E. Hoyt, daughter of the officiating clergyman.

CORY—MUNROE—April 12, at the residence of the bride's parents, by the Rev. E. A. Washburn, D D., Dr. David M. Cory, of Oyster Bay, Long Island, and Ellen S., daughter of George D Munroe, Esq., of Brooklyn.

DIED.

SMITH—In Gaysville, Vermont, April 12, Ransom Perry, only child of Dr. C. C. and Mary Perry Smith, aged 4 years, nearly,

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Original Department.

Communications.

NOTES OF PRACTICE.

By Elihu Burritt,

Of Bridgeport, Connecticut.

PUERPERAL CONVULSION.

Was called, April 4th, to see Mrs. M., æt. 25; primapara; young, healthy. Had been confined the night before, under the care of an Eclectic of the most brainless species. The woman, during the labor, had four convulsions, and five subsequently, which still continued. According to the statement of friends he ran away and left her, as he said, to die. Found the patient, with dilated pupils, entirely unconscious; pulse, 150; in profuse sweat; circulation weakened by podophyllin, etc.; too much to admit the possibility of bleeding; countenance pale; yet the convulsion (last) was of fifteen minutes' duration, and violent. Gave bromid. potass, ʒj., to be repeated every hour if the fits continued; hot spirits terebinth. to be applied freely over the whole body and to the vulva. After four hours, there being no return of the spasms, she took subni. hydrarg., ℈j., in sugar—all the podophyllin she had taken having been rejected by vomiting, and there having been no stool for four days, the emesis yet continuing.

April 5, 8 a. m.—The patient had no return of the convulsions; bowels moved; entirely unconscious; had taken grs. xx. bromid. potass. every four hours; pulse, 100; bromid. potass. to be continued 24 hours at one-half the doses given before; Dover's powders, grs. x.; ext. belladonna, grs.j.; calomel, grs.iij., at bed time if restless.

April 6, 8 a. m.—Patient conscious; pulse, 100; lochia and stools free; child nurses freely, yet there remains obtuseness of intellect, and one pupil dilated twice as large as the other. The belladonna has shown no effect. Patient did well; mind not quite clear, or pupils even size for a week; said she remembered nothing before the fifth day. The bromide was taken for five days, in all ʒiv. Peculiarities of the case: Spasm more on the right side; left pupil contracted; right, dilated for over a week.

LACERATED WOUND OF THE HAND.

John A., æt. 21, English, of full habit, was severely injured by having his hand caught between two piles at the steamboat landing. The whole muscular and tendinous structure of the left hand was stripped off from the styloid process to the phalanges, fracturing the first and second metacarpal bones; and it hung down in a lacerated mass. As the wrist joint was opened and there was so great laceration of the hand, amputation was earnestly recommended; not being consented to I determined to anticipate tetanus, the great danger in the case. The parts were thoroughly washed with warm water and morphine, gr. vj to a pint of water, and replaced as nearly as possible, and retained by two or three light stitches. Solution of muriate ammoniæ applied freely over the whole surface; then morphine gr. ij. and Dover's powder ʒij. given in 24 hours.

2d Day. Pulse, 110; skin hot and dry; hand enormously swollen and painful; stitches were cut and a large milk poultice, wet with tinct. opii ʒss., applied; no great effect being seen from the anodyne, opii gr. xx., morphine, gr. iv. in pills vj.; one every four hours were given, and tincture iodine (streaks of inflammation up the arm and symptoms of phlebitis showing

plainly) was painted from the wrist to the shoulder, over the entire arm.

3d Day. Poultice kept on; swelling and pain less; skin moist; pulse 110, strong; bears the opiates well; takes ℈j opium and gr. iv morphine in twenty-four hours, closely watched, with tincture belladonna at hand; slight discharge, not purulent, from the wound; patient eats well and is allowed whisky, which alcoholic *poison* (so said) he has sprinkled occasionally on the brain dust of his business.

4th Day. Sleeps most of the time; pulse, 90; skin, moist; bowels moved freely; says he "feels well, only deucedly sleepy; pulse not as strong; quinine, gr. v every six hours, was added to the other treatment and continued afterward.

7th Day. Patient is doing well; opium and quinine have been continued with a generous diet; pulse, 86 and soft; swelling of the arm and hand nearly gone; a large slough at the end of the flap has come off to-day, but the wound is granulating, with free pus from the fifth day. Strips of flour paste, spread on muslin, substituted for the poultice, are found to irritate less in these cases than any form of plasters. Opium, morphine and quinine after 8th day cut down to one-half. I have seen no great effect from the great dose of opium given, except perfect immunity from any tetanic symptoms, and the rapid healing of the wound. Would he have had tetanus from this terrible injury without opium? I think so, but as the Spaniards say, "Quien sabe?" Patient did well and had a good hand in about two months.

HERNIA.

April 2. Was called to see a case of oblique inguinal hernia of the right side. Patient æt. 56; strong man, switch-tender; had worn a truss for three years, and generally could put the rupture back himself, he says. It is down now, almost filling the scrotum for twenty hours; it is intensely painful, and he cannot bear the least handling, as his own efforts have made the parts exquisitely sensitive; had used fomentations. The hernia had the hard feeling of a solid tumor, and was more than usually tense. Vomiting constant; pulse, 110 and very small. I gave two grs. morphine in dry sugar; it was retained five minutes; one gr. doses ordered every two hours, if vomited. Saw patient, 3 P. M., four hours after the first dose; had taken four grs. morphine; no sleep but easier, and emesis better. Chloroform was given to ℥ss., and although not entirely under its effect, even with that quantity the rupture was easily and rapidly reduced. The relaxation of the anodyne made an easy termination of a case, I think, one of those which, even under chloroform, generally require much force and manipulation, and are difficult of reduction. This patient had taken alcohol, fresh and warm teas, so that the pulse, though quickened, kept its fullness, and there was no symptom of depression, and the anæsthetic was given rapidly and within ten minutes of time.

THE PROTRACTED ADMINISTRATION OF BELLADONNA WITH A VIEW TO FACILITATE THE PROCESS OF NATURAL LABOR.

By J. W. Robinson, M. D.,
Of Philadelphia.

My attention was first directed to the above subject by observing the practice of a regular physician, near to whom I was engaged in the duties of my profession for a number of years, who was in the constant habit of administering belladonna as a secret agent three times a day in full doses for several weeks previous to the expected time of labor, with a view to facilitate that process. My object in writing is two-fold:

1st. To give my own views. 2d. By so doing to elicit the views of others on the same subject.

In no work on obstetrics or materia medica have I ever seen the use of the medicine recommended in this way, nor do I know how far its use may extend, whether it may be employed by a great many or may be restricted to the practice of the person above referred to. Be that as it may, the indiscriminate and protracted use of so powerful an agent at a most critical period of health in every woman's life by one physician in a large practice is certainly worthy of investigation. If it be capable of meeting the valuable indication of facilitating the first and most tiresome stage of labor to all concerned, and that with no bad effects, then it should be made known as a great boon to every child-bearing woman and to every physician throughout the land. On the other hand, if it can be shown to be an agent capable of doing much harm and of very questionable utility under any circumstances, it is still more important that this

state of facts should be made public. The local application of the preparation of belladonna for rigidity of the os uteri is of course new to no one, as it is mentioned by all obstetrical writers for many years past. But the inconvenience of its application, together with the uncertainty of its effects, has led most persons, as far as my observation goes, to abandon its use almost entirely. But this mode of application we are not considering.

Belladonna belongs to the class of medicines known as narcotics, with some properties peculiar to itself and differing in this way from the rest of its class. The chief of its peculiar effects is the dilatation of the pupil, by inducing contraction of the muscular fibres of the iris. Also is attributed to it a similar, but by no means so well ascertained an effect, on the os uteri. Now, it is claimed that it has the power of so impressing the muscular structure of the uterus through the nervous system as to induce dilatation of the os. If this be true, is such a state of things brought about gradually for many weeks during the latter months of gestation desirable, or is it not, on the contrary, fraught with danger?

If belladonna possesses the peculiar property of inducing relaxation of the os uteri, during gestation, we would think for that very reason its use by pregnant women should be scrupulously avoided. After impregnation has taken place, nature has made a provision for the entire closure of the mouth of the womb. The glands of *Narbothi* go to work and secrete a thick, glutinous substance, which acts as a "plug" to the mouth of the womb, and it becomes to all intents hermetically sealed against external communication. Now, every physician knows that whenever, either by accident or by intentional interference, this plug becomes displaced at any period of gestation, it is speedily followed by strong uterine action, and we have hemorrhage with abortion or miscarriage, as the case may be, and that often in spite of all remedies to prevent it.

Hence we are forced to conclude that that is just what we may reasonably expect to follow the use of any agent possessing a dilating influence over the os uteri. In fact, such a result would seem inevitable, and were we to use such agents, in the way above indicated, we would live in constant expectation of violent hemorrhages and premature labors. No sensible man need be told that nature never intended the natural term of gestation to be abridged under ordinary circumstances, and every physician knows that within certain limits, just in proportion as the labor takes place distant from the full or natural term, just in the same proportion is the danger to both mother and fœtus increased.

Now, let us consider what the immediate effects of this medicine are on the organization of the mother and fœtus. The following effects may be enumerated as resulting from regular and continued use of any of the narcotics. 1st. A disordered condition of the digestive organs. 2d. A depraved condition of the blood. 3d. An increased or morbid excitability of the nervous system. These effects, observation shows us, are constant after regular and protracted use of any of the narcotics; and could you conceive of any condition of health less to be desired at a time when a woman needs all the highest energies of her organization, both physical and moral, to resist the throes, the dangers and the diseases peculiar to that particular period? But the action of the medicine is by no means restricted to the system of the mother. The fœtal circulation is in intimate connection with that of the mother, and its delicate organization is affected by every agent which acts on her system. The intellectual capacity and the physical development of the fœtus are alike susceptible to impressions from powerful agents acting through the circulation and nervous system of the parent. In conclusion I would add, that while I am fully sensible of all the bad effects of this agent, I am unwilling to believe that it possesses as much control over the mouth of the womb as has been attributed to it. My experience I think warrants me in saying so. However, I would like to have some statistical and practical facts on this subject, either from the physician who I know has used it so extensively, or from some other intelligent practitioner.

If experience contradicts what I have written, let it be known. Or, if such experience has been disastrous, or even nugatory, it is still more important that it be made public.

——Recently GEORGE M. ELLIS died in Chester county, Penna., in his 92d year. He is reported to have had the consumption nearly all his life, his physician having assured him, before he was 20, that he could not survive the next two years. Ellis was so pale and thin for 40 years previous to his decease that he was known as the walking skeleton; and yet he is believed to have been, with two exceptions, the oldest man in the county. What *was* the matter with Mr. Ellis?

Hospital Reports.

UNIVERSITY OF PENNSYLVANIA.

Report upon Clinical Operations by DeF. Willard, M. D.

In the Reporter of Feb. 25th I published an account of the actual final result of all the operations performed at the clinic by Dr. Garretson, believing that the publication of such report, whether favorable or unfavorable, would be beneficial to the readers of The Reporter. To-day I propose to give similar results of Prof. Agnew's cases, all of which were presented to the class during the different stages of their recovery, but have not been recorded in the general published reports, since it was considered more convenient to defer them for a single issue. There have been but few failures, and the general results have been exceedingly satisfactory and gratifying, far more so, in fact, than will usually be found in a similar number of grave cases.

Amputation of Leg.

(Reporter, Dec. 3, 1870.)

This amputation was performed at the lower third of the leg, for the relief of an intractable ulcer upon the extremity of an old stump. The previous operation having been a Chopart, necessitated by a railroad injury, as will be seen by reference to the above No. of The Reporter, it was found impossible to perform a Pirogoff, and the point above mentioned was selected.

The ordinary flap operation was performed, and dry dressings employed for the first few days, after which laudanum and water became necessary on account of slight inflammation, which, however, quickly subsided, and no accidents interfered with rapid recovery. In a few weeks the flaps had entirely united and the man was walking upon crutches, since which time he has experienced no difficulty, and is now awaiting an artificial limb.

Supernumerary Thumb.

(Same number.)

The recovery was speedy and uncomplicated.

Lithotomy—Five Cases.

(Reporter, Dec. 17, 1870, and Jan. 21, 1871.)

These five stones were all removed by the "lateral operation," although one of them was urethral, yet this was so impacted as not to be capable of dislodgment. The treatment was such as was described at the time, *perfect cleanliness*, confinement of the bowels for several days, good air, and concentrated liquid food being the essentials insisted upon.

The limbs were not tied together nor was one position required to be maintained, since it is extremely irksome to children. Quietness was, of course, strictly enforced, but that "immobility," which is sometimes regarded as essential, was not deemed necessary. The urine escaping through the wound was caught upon a folded sheet for the first twenty-four hours, when the swelling of the lips compelled it to make its way to the meatus urinarius, from which it continued to flow, in most of the cases, until from the fourth to the sixth day, when it again passed partially through the artificial opening until that healed and the normal route was pursued. Not one of the cases had an untoward symptom. Each progressed rapidly and with no interruption to a complete cure.

The cases were treated in the College Hospital, and everything was done to insure good, pure air by a strict attendance to the soiled bed clothing, as upon the careful after-treatment is dependent in great measure the success or failure of these operations. With several deteriorating influences, and especially with the presence of erysipelas, which broke out in the ward during the treatment, the result cannot be looked upon other than as exceedingly gratifying.

Eczema.

(Same number.)

This case, which was of a chronic character, recovered after several weeks' attention. The eruption extended from the knee to the ankle, and presented that glazed, fissured and alternately scaly appearance so often seen in old cases. The treatment consisted of iron and cascarilla, with bran water bathing, followed by juniper tar soap, after which, when dry,

℞. Hydr. chlor. mitis, ℥j.
Ung. Picis Liquidæ ℥j. M.

Was applied.

Enlarged Subpectoral Glands.

(Reporter, Feb. 4, 1871.)

The glands, as will be remembered, were indurated from an injury received upon the pectoral region. Suppuration was prevented by the treatment of iodine, tonics and good food.

The *abscess of breast*, another case reported in the same connection, was afterward evacuated with the knife and soon healed.

Adenoid Tumor of Breast.

(Reporter, Feb. 4, 1871.)

This tumor had existed for nine years in an unmarried woman, was painful, hard, oval, somewhat lobulated, but had not implicated any of the surrounding structures. It was decided to be non-malignant in its character, and not being of sufficient inconvenience to demand removal, was treated with potas. iodid., gr. v, and ol. morrhuæ, ℥ss, t. d. with gentle pressure locally. Pain was controled by

℞. Veratriæ, gr. iv.
Axung., ℥j. M.

Uterine derangements were also appropriately treated. Under these measures the pain has subsided and the tumor greatly decreased in size.

Epithelioma of Breast—Two Cases.

(Reporter, Feb. 4th, 1871.)

One of these cases of epithelial degeneration was treated with chloride of zinc paste, and after a few applications a healthy granulating surface was obtained and the ulcer entirely healed, arsenic and iron being administered to maintain strength.

The second tumor was removed by the knife. The edges of the wound were carefully approximated and a dressing applied of lint saturated in carbolic acid oil, one part to nine, next the skin, a dry lint compress above this, and a broad band over all.

No inflammatory symptoms occurring, this was not opened for several days, at which time union had occurred at all points save at the exit of the ligatures. There has been no tendency to return in either case, although six months have passed away, and it is extremely probable that the constitution had not been contaminated.

Scirrhus—Three Cases.

(Reporter, Feb. 4th, 1871.)

The subject of scirrhus was fully discussed in the above reported lecture, and operative measures decided upon in two cases, which were removed in the ordinary manner. The same dressings were applied as in the former cases, and all the wounds did remarkably well, union being speedy and there having since been no evidence of an immediate return. Certainly these six months of comfort encourage us to recommend this operation in well selected cases.

The third case, an old lady, who was in the last stages of the disease, was put upon injections of carbolic acid f.ʒj. to Oj. of water, together with constant dusting of Phœnix powder, (made of fuller's earth and carbolic acid), which mitigated the fetor, while pain was controlled with anodynes locally and by the mouth. She was rendered much more comfortable and is still living.

Malignant Disease Resembling Lardaceous Cancer.

(Same Journal.)

This was one of those peculiar cases of cancer which were described at length by Prof. Agnew in the *Medical Times* of January 2d, 1871. The case had been of four years' standing, but had not given pain for some months after its inception. For nearly two years it enlarged, the surrounding subcutaneous tissue being œdematous, and the nipple retracted to a slight degree, but the general health was not greatly impaired. After a time it commenced to contract, the neighboring glands became indurated and sensitive, the surface covered with those depressed points which so forcibly remind one of the skin of a lemon, and the color darkened and had assumed that tawny, bacon-like appearance which is peculiar and characteristic to this disease. This contraction and condensation has gone on as Prof. Agnew prognosed, until now the marble-like denseness is evidenced in a number of places, and the process is steadily creeping up toward the clavicle, outwardly toward the arm and down toward the abdomen. One gland, which is in advance of the other, has nearly disappeared, and emaciation is setting in. The arm is beginning to be œdematous and the chest will, doubtless, soon be incurvated, and respiration thereby impaired.

Iron, arsenic and anodynes were administered, but will be simply palliative, as exhaustion and death will certainly come. The case will be still further watched and reported.

Amputation of Leg.

(Reporter, Nov. 12, 1871.)

This operation was performed for the removal of cancerous disease of the tarsal bones, occurring in a patient 19 years of age, who, as I have since learned, had lost two aunts and a grand parent with cancer of the breast. Previous to the operation he was informed that the effort was only a palliative one. The wound healed nicely, and in six weeks the boy was out upon crutches, seeming to have a fair prospect of some months additional life. In two weeks after, however, or about two months from the time of amputation, he commenced to complain of pain in numerous parts of his body, and upon close examination I discovered a small lump upon the outside of the head of tibia, and two others also of the size of beans, one upon the eleventh rib and the other upon the seventh, anteriorly. These continued to grow in size, and were soon added to by forming nodules in other parts with such rapidity that all hopes of operative procedure were abandoned and the case decided to be a hopeless one, owing to the evident thorough cancerous saturation of the system. The appetite and strength began rapidly to fail and emaciation soon followed, so that by the middle of January he was unable to leave the bed. The cicatrix did not open, and in fact never ulcerated to the time of his death, there being never more than a slight oozing, just sufficient to keep it covered with a thick scab. As the growth from the head of the tibia progressed, another one appeared almost from the under surface of the end of the stump, and these extending *pari passu* soon met, and the whole leg, from the knee to the extremity of the stump, became enlarged to nearly three times its former bulk, and was of dense, firm, resisting consistency, showing little tendency to softening, in fact, never ulcerating even to the last. The pain and restlessness prevented sleep, and all the narcotics for a time seemed unavailing; hydrate of chloral even in large doses, only rendered him almost insane (a result which is quite common), opium, bromide of potash, *et id omne genus*, were of no use, and for a time it seemed almost impossible to find the narcotic suited to his case, but at

last I happily effected the purpose very nicely by half a grain of morphia and ten drops of fld. ext. gelseminum, repeated every hour until rest was obtained. Toward the last it became necessary to give at least three times this amount to produce any effect.

The tumors all continued rapidly to increase, being augmented by a large one upon the pelvis, which compelled him to lie continuously in one position, thus causing much trouble from bed sores, etc. He gave no evidence of any internal disease, but gradually sank and died from pure exhaustion, in the latter part of April, six months after the amputation.

Autopsy.—Body extremely emaciated. Diseased leg three or four times normal size from knee to extremity. Upon dissection the two masses were found, one springing from the ends of the bones of the size of a small ball, while the one above from about the tubercle of the tibia, was as large as an orange. They were hard, dense, lobulated, presenting a surface white and roughened somewhat like the face of a cauliflower, and upon section were found of fully the density of cartilage, with some admixture of ossific matter. A mass of similar density was found occupying nearly the whole extent of the right eleventh rib (the same side as the affected limb), being nearly of the size of one's fist; another upon the left seventh rib, at its junction with the costal cartilage; another upon the first; another upon the fifth of the same side, while still another lay upon the temple. The whole posterior portion of the pelvis upon the right side, from the sacrum to the tuber of the ischium, was greatly thickened misshapen and distorted from an immense growth, while the superior strait was much lessened in its diameter. In Scarpa's triangle were found two glands of the size of English walnuts, infiltrated and enlarged by cancerous growth, so as to be almost of stone-like density. These were the only portions of the body aside from the bones which were found diseased, the malady seeming truly to be confined to the osseous structures—osteo-carcinoma.

All the internal organs were carefully examined, but neither lungs, heart, liver, kidneys, intestines and any other viscus evidenced any disease whatever. Not even was the pleura thickened over the diseased ribs, nor the peritoneum in the pelvic region.

All the valuable specimens were fortunately obtained, save the pelvis.

Upon section all the tumors were found to be of the same nature, and under the microscope were seen to consist of a loose framework, largely composed of carbonate of lime, etc., as shown by their dissolving in acetic acid, etc. In these meshes were numerous nucleated cells undergoing rapid metamorphosis, and in some fine sections made by Dr. J. G. RICHARDSON, and stained with carmine, these cells were extremely numerous and closely set.

The boy died quietly from pure exhaustion and contamination of the system.

(This case well shows the value of this late report when actual results are desired, since it might have been reported some three or four months since as well, while time shows that relief was but temporary.)

Hemorrhoids.

(REPORTER, Nov. 12th, 1870.)

A case of internal piles. Ligated. Good recovery.

Varicocele.

(REPORTER, March 18th, 1871.)

The dilated veins were ligated by Prof. Agnew's favorite method, *i. e.*, a pin being first thrust *beneath*, and then a needle, armed with a double thread, made to enter at the point of pin-puncture and passed *above* the vessel, emerging at the opposite opening. The loop is now caught over the head of the pin, when the free end can be strongly drawn down and tied under its extremity, thus gaining complete control of the circulation. The pin remained in position for ten days, when it was withdrawn and the loop easily removed.

Obliteration has occurred, and there has been no return. Rest was strictly enforced and a suspensory was ordered for a few weeks, only until the parts regained their normal tone.

Toe-Nail Ulcer.

(REPORTER, March 18th, 1871.)

The nail was excised in toto and the matrix cauterized with stick potassa, all excessive action being counteracted by lint saturated in dilute acetic acid or oil. The dressing consisted of warm water, and rest was enforced for two weeks. The part healed nicely and now give but little inconvenience.

Onychia Maligna.

(REPORTER, March 18th, 1871.)

The nail was removed, and the matrix also destroyed by caustic potassa. The effect was immediate, and complete recovery soon followed.

[*To be continued.*]

JEFFERSON MEDICAL COLLEGE.

Surgical Clinic of Prof. GROSS.

[REPORTED BY RALPH M. TOWNSEND, M. D.]

Wednesday, April 26.

Rare Form of Hare-Lip.

Thomas Ogden, æt. 4 months; has a fissure of the upper lip, situated to the *right* of the median line. Such occurrence is rare. Hare-lip may vary in degree from a slight fissure extending half way to the nostril to a fissure extending entirely through the lip, the alveolar process of the superior maxillary and the hard and soft palates. Double hare-lip is

not of unfrequent occurrence. The affection is always cogenital and always occupies the upper lip. Dr. GROSS narrated a case of a boy brought to him in Kentucky, where the fissure extended into the cheek. The edges were pared and brought together with pins and the twisted suture, and the boy made a good recovery.

Do not operate upon children of too tender an age. As a rule, wait until dentition commences; for before that period the blood is lacking in that plastic material which so thoroughly glues the edges of the wound together.

The steps of the operation consisted in first separating the lip from the gum. An assistant then grasped the upper lip on either side of the fissure, so as to control hemorrhage occurring from the severed coronary arteries, and the margins were pared. Two hare-lip pins were then inserted in such a manner that one-third of the pin was behind and two-thirds in front of the lip, thus making them embrace the coronary artery. At the cutaneous margin of the lip an interrupted suture was employed, so as to bring the parts more accurately in apposition, and thus lessen the chances of deformity. The upper pin will be allowed to remain in 48 hours. The lower pin three days, and the suture a day or two later.

[Two drops of laudanum were given the child to quiet its cries, for fear such action might tear away some portion of the recently approximated raw surfaces.]

Anchylosis of the Hip.

A. Green, æt. 14 years, presented himself to be treated for dislocation of the hip; but measurement showed the apparent shortening of the limb to be due to elevation of one side of the pelvis.

This boy fell and struck his hip six months ago. A physician was immediately sent for, who kept the boy in bed four months, treating him for dislocation, and when the boy arose he was in the condition in which he presents himself to-day.

After careful examination Prof. Gross pronounced the injury, received by the boy when he fell, to be upon the great trochanter; and from the latter inflammation was communicated to the periostium of the neck and head of the femur, and from thence to the acetabulum, where plastic matter was effused and anchylosis resulted.

A physician having a case of this kind brought to him should give chloroform and examine thoroughly, and not be in haste with his diagnosis. The patient should have no hold on his medical adviser on the ground of negligence.

In treating such a case don't neglect passive motion. It is an essential of treatment in all joint affections, both primary and secondary. Motion is the natural stimulus of the joint, as is light to the eye, sound to the ear, and food and drink to the stomach.

The boy was now put under chloroform, and under its influence the parts became less rigid. The limb was then alternately flexed, extended and rotated, and all adhesions broken up.

The importance of exercising great care in these manipulations was dwelt upon, as the parts are liable to become softened by the inflammation, and fracture easily results.

Should the boy be in pain after coming from under the influence of the anesthetic, an opiate was directed to be administered. The mother was instructed to move the limb daily and bring the lad back in a week.

Sebaceous Tumor, with Attachments to the Hyoid Bone and Thyroid Cartilage.

Annie Brensinger, æt. 24 years, has had a painless tumor, extending from the median line of the neck, laterally under the body of the inferior maxillary, for twelve years. Prof. Gross, without hesitation, pronouced it a systic tumor, analagous in character to what the older surgeons would call a wen.

After chloroform had been administered and the sack of the tumor pretty well dissected out, it was found impossible to thoroughly enucleate it, as besides having attachments to the hyoid bone and thyroid cartilage, it sent up prolongations deep under the jaw.

Prof. Gross narrated a similar case that came to him while he was located in Louisville, Ky. Dr. PHYSICK, then in the heighth of his renown, had endeavored to persuade the patient from having it removed. Prof. Gross removed it, and said he believed it gave him as much reputation as any operation he ever afterward performed. Erysipelas is the only thing to be dreaded in this present case. After the parts had been brought together by interrupted sutures, collodoin strips were applied, as adhesive plaster does not make a satisfactory dressing on the neck.

Nasal Polypi.

James McIntyre, æt. 52 years; complains of an obstruction in both nostrils, which has existed for six years. Obstruction of the nostrils may arise from the presence of a foreign body, thickening of the mucous membrane, deviation of the septum or the presence of polypi.

There are three distinct varieties of polypi of the nose: First. The oyster-like or gelatinoid, a cellulo-fibroid or mucous substance, possessing hygrometrical properties, *i, e.*, shrinking in dry weather and expanding in moist. Hence the patient breathes better in fair weather. These tumors spring from the upper turbinated bones—not from the lower turbinated, or septum of the nose. This variety of polypi is gregarious or multiple, and likely to return. They never become malignant, but frequently acquires so large a bulk as to project from the anterior nares or back into the fauces.

Secondly, we have the fibroid polypi, composed of fibroid tissue and connected either with the floor of the nostril or the base of the skull, constituting, in the latter case, the naso-pharyngeal polyp. It is most common in growing subjects, bleeds excessively when touched, and has a tendency to run into malignancy.

Thirdly, we have the vascular polyp, an uncommon variety.

This man sleeps with his mouth wide open and his head thrown back; his voice is muffled; he takes cold easily and there is discharge from his nose. Looking into his nose, shining substances, like oysters are seen in both nostrils. By means of a long, slender pair of polypus forceps, Prof. Gross removed a number of small mucous polypi.

This man also has a bursa mucosa, situated on the right patella. In their natural state, or dissection, these bursæ are difficult of detection. The one in front of the patella is most liable to enlargement, particularly in housemaids and religious people. The number of the latter class, however, is small. This tumor contains the natural fluid in excess. In their earlier stages, tincture of iodine frequently affords a cure. In their more advanced stages, setons may often be advantageously employed. Excision should not be performed. If the bursa is very large, lay it open and make use of emollient poultices, but this procedure is seldom necessary. In the present case the part will be well painted with the tincture of iodine twice daily.

Necrosis of the Lower Third of the Femur.

H. P. G., æt. 19 years, of Columbia county, Pa., comes to the clinic on account of an affection of the lower extremity of the thigh bone which has existed for five years. Two inches above the knee is a little papule, evidently representing an opening leading to the bone. A probe on being passed goes down behind the bone into the popliteal space. In this case there is evidently disease of periostium or bone, or both. When the affection is located in the popliteal space, operative interference is always ticklish. The opening in this case is in front of the popliteal artery, and lies on the inner side of the limb. The only thing to do is to enlarge the opening and scrape or remove diseased bone. In all other respects this young man looks perfectly healthy.

Whenever there is a papular or teat-like process on the skin, through which passes a discharge, it is almost certain to communicate with diseased bone. In these cases the cut vessels are unable to contract or retract, owing to their being surrounded and held fast by the effused lymph which always abounds in the surrounding tissues. But we are generally able to control bleeding without much difficulty by means of Monsel's solution, which is not only the most reliable styptic we possess, but is at the same time an excellent antiseptic.

In conjunction with this case, Prof. Gross stated one that he was called to see in the northern portion of this city a few days ago. A gentleman had been operated upon in New York for disease of the lower end of femur. In cleaning the parts out after the operation a piece of sponge, through forgetfulness, had been allowed to remain and was sewed up in the wound. It had remained there for four months and had become the seat of a discharge as foul as it was plentiful. Its removal stopped the discharge, and was followed by almost immediate benefit to the patient.

The patient was now put under the influence of chloroform and a curvilinear incision, with its convexity backward, made through the skin. Guided by the grooved director, the operator cautiously made his way down to the bone and then lightly scraped it with the chisel. The forceps were now introduced and a small shell of necrosed bone removed. On reintroducing the forceps, after some difficulty, another piece of bone between 2 and three inches in length, and about an inch in width, with ragged edges, was removed. It was evidently from the outer compact structure of the bone, as was a third small portion afterward removed.

No surgeon ever undertakes an operation of this character, in this situation, without some inward feelings of uneasiness; for the popliteal artery lies almost in contact with the opening, and might, even with the exercise of the greatest care, be wounded.

Without the interference of the surgeon this piece of imprisoned bone would never have been removed, even had the boy lived to the age of Methusela.

This wound will be kept open by inserting a plug of lint, wet with Monsel's solution, for two days. After that the wound will be syringed out twice a day, an emolient poultice being, in the meantime, applied.

Surgical Clinic of Prof. Gross.

May 3, 1871.

Cutaneous Tumor.

Samuel S., æt. 39, has a little pendulous tumor located in the lumbar region about an inch from the spine. It hangs by a narrow pedicle about two lines in length when the parts are put upon the stretch. This excresence is a species of hypertrophy of the skin; and if we make an examination of the tumor we will find it to consist of skin along with a little fibro-cellular tissue.

A tumor of this kind, as is the case here, is liable to inflammation, and may take on epithelial action and thus degenerate into malignancy. The tumor was now firmly ligated at its base and the pendulous mass snipped off.

Cystitis.

John P., æt. 40, has trouble with his urinary

organs. It hurts while he makes water, before he makes water, and after he makes water. Twenty years ago he had gonorrhœa, and the attack lasted for six weeks. He passes his water every one and a half hours during the day, and two or three times during the night; and says the stream is not only diminished, but subject to frequent and abrupt stoppages. The passage of an instrument, although productive of intense pain, failed to reveal either the presence of a stone or stricture. There is evident cystitis here, along with a fasiculated bladder.

This patient is very susceptible to cold; restless and feverish at night, and suffers both from a bad taste in his mouth and wind in his stomach.

He was directed to take 30 grs. of the bicarbonate of soda after meals, in a quarter of a tumblerful of water—the soda acting as a powerful antiacid, and at the same time obtruding the sensitiveness of the bladder. He was also directed to use a suppository of cocoa butter, containing a quarter of a grain of morphia, at bed time; and also to bring specimens of his night and morning urine for examination.

The urine on examination was found highly acid and containing an excess of vesical epithelium.

Dr. A., of Michigan, has an affection of the spinal column in the lower fourth of its extent. He inclines to the right, and his shoulders are awkwardly arranged, the left being much the higher. There is a circumscribed spot of exquisite tenderness over one of the lumbar vertebræ. There is no symptom, such as swelling or fluctuation, to indicate either a lumbar of proas abscess. There is no posterior curvature of the spine. Dr. A. thinks absorption of the bodies of the vertebræ is going on. Prof. Gross does not incline to this opinion, on account of the absence of posterior curvature; but thinks that inflammation of the periostium and bodies of the vertebræ, along with effusion, are the causes of the trouble.

The doctor has lost flesh; the muscles of his arm are flabby and his countenance has a pale, anxious expression. He lives in a malarious region and occasionally suffers from attacks of intermittent fever. Everything implies disorder of his general health. He was, therefore, ordered to take internally the following prescription and continue its use for several months:

R.	Quiniæ sulphatis,	gr. ij.
	Ferri sulphatis,	gr. iss.
	Ext. nucis vomicæ,	gr. ½.
	Acid arsenios,	gr. 1-16 M.

Ft. in pil. t. d.

Chloroform was now administered and the actual cautery applied to the tender surface over the lumbar vertebræ. This kind of treatment in deep-seated inflammation, of a chronic character, the operator strongly advocated.

As the doctor starts for home this evening no application other than dry cotton was applied to the eschar. When he reaches home an emollient poultice will be applied and the discharge thus kept up for three or four months. Maintaining the recumbent posture during treatment was also enjoined.

Curious Cause of Fracture.

David Dilks, æt. twenty-one months, was brought to the clinic with a partial, hickory-stick or interperiostial fracture of the left radius. In walking with his mother a week ago the latter became suddenly frightened at some street occurrence, and having hold of his hand involuntarily gave her little son a jerk—hence the cause of the fracture.

Treatment.—Making counter-pressure with his thumbs, Prof. Gross bent the radius straight over his knee. Splints were then applied along the palmar and dorsal aspects of the forearm.

Bronchocele.

Mrs. Tatlow, æt. 43 years, has a tumor occupying the central portion of the neck, situated over the cricoid and thyroid cartilages, and extending to within half an inch of the sternum. The tumor ascends when the patient swallows. If this were an aneurism of the carotid, besides having pulsation its position would be more lateral; and if of the innominate artery, it would be lower down—but neither would ascend during deglutition. This tumor is a goitre or bronchocele, consisting essentially in an enlargement of the thyroid gland. A cyst may occupy this gland, as large as a fist or goose egg. A goitre is not peculiar to the human subject, as inferior animals may suffer from it. It is most common in mountainous districts.

We will have this patient apply twice daily to this tumor the following:

R.	Ung. hydrag. biniodid,	ʒiss.
	Cerat. simp.,	ʒvj. M.

Ft. in ung.,

Every morning, before reapplying the ointment, the neck will be well rubbed with warm water and castile soap. This patient will also take, internally, three times daily, eight drops of Lugol's solution, in three tablespoonfuls of sweetened water.

Medical Societies.

CINCINNATI ACADEMY OF MEDICINE.

April 24, 1871.

[reported by J. W. HADLOCK, M. D.]

By J. P. Walker, M. D.

Small Pox in Cincinnati during the Years 1868—'69 and '70.

The epidemic of small pox of 1868—69 and '70 will long be remembered as of greater severity and extent, than has ever before visited Cincinnati. Nearly or quite one thousand of our population

have been swept away by the touch of this fearful disease, and as many were disfigured for life, some to an extent more than death itself. Why these periodical visitations of epidemics has not yet been settled. Theory asserts that they follow great convulsions in nature, as earthquakes, volcanoes, tidal waves, etc. True it is that the recent epidemic of small pox so universally diffused throughout the world was preceded by these great upheavings.

Dr. LOGAN, of Sacramento, California, has written a very able paper on the subject, which is well worth reading.

May not the cause be found in accumulated material unprotected either by vaccination or by a previous attack of variola? Years pass; vaccination is neglected. Under these circumstances, small pox is introduced.

A poisonous atmosphere results in the localities, and the air becomes loaded with the germs of variola. Of one principle there can be no doubt: that when proper energy is used during these seasons to "stamp out" its disease in its beginning, there is no extension of the contagion.

In making up this report I find, unfortunately, that there are no official statistics of numerical extent or comparative mortality of the vaccinated and unprotected. This is a source of regret, as the important questions arising from vaccination are before the professsion for re-discussion, not only in this country, but in Europe. It is to be hoped, before we have another visitation, some plan will be devised, not only to give the number of deaths, but the number of cases occurring.

The health officer, in his report for the year ending Feb. 28, 1869, gives important information as to the locality of deaths, age of the decedents and nationality; also extracts from reports of city physicians as to the protective power of vaccine. Extracts from these will be used in this report.

The first case of small pox resulting fatally was reported in Jan., 1868, from the Sixteenth Ward. Three deaths were reported this month, all, I believe, from this locality. In February there were eight reported for burial. No means are at hand to make it positive that these were from the Sixteenth Ward, but the report for the next month renders it almost certain that they were. This ward, as you all know, is in the southwest portion of the city, on Mill creek, and is largely exposed by railroad and river travel and favorably situated for the extension of contagion.

It seems remarkable that after three months' sojourn we have the eleven deaths in March, eight in this same Sixteenth Ward, and only one each in wards Eleventh, Fourteenth and Eighteenth, they being contagious by locality or connected socially. This, however, is the universal law of small pox contagion.

It does not approach like the whirl-wind, but more like the cautious enemy carefully entrenching itself for its work of destruction. It always gives ample time to hedge up its advance and to "stamp it out" in its entrenchment, and the proper authorities, failing to accomplish this, make known their incompetency for the trust communicated to them. In April the Sixteenth Ward again yields eight to the list of mortality, and the messenger of death reports fourteen other wards, viz.: Ward first, one; ward fourth, two; ward fifth, one; ward sixth, one; ward seventh, one; ward eighth, three; ward eleventh, two; ward twelfth, two; ward fifteenth, one, and ward eighteenth, one; whole number, twenty-four. One-third being from the ward of commencement. The other wards, it will be observed, are adjoining or connected by lines of travel, and socially.

The disease gradually extended, diminishing somewhat, as is usual during the dry summer months, so that in the following December there were deaths in 19 wards, the twentieth alone exempt, it being farthest from the point of introduction.

In January, 1869, there were deaths in all the wards except the second and twentieth, and in February in all but the fifth.

Whole number of deaths in wards this year,	599
Pest house,	45.
Total,	644.

The greatest mortality for the year was in the months of December, January and February, an average of 145 per month, or nearly five per day.

It will be noticed in the course of this epidemic that its greatest severity has been in damp, wintry weather, becoming less active during the dry months of the year. This is the usual history of small pox when left to itself.

The following from the Health Officer's report we give in full, as it is of general interest:

"The greatest mortality from any one disease was from small pox; the number of deaths from this disease was 644. Of this number, 511 occurred during November, December, January and February, and the greatest number was in the Twelfth ward, viz.: 17.86 per cent on the whole number of deaths from small pox. By reference to table on page 36 of report, it will be seen that 66 per cent. of deaths from the disease were in the 8th, 9th, 10th, 11th, 12th, 18th and 19th wards."

I would here call the attention of the academy to the fact that in these wards the German element predominates, and we plainly see the result of those pernicious influences instilled into the minds of our German population in opposition to vaccination by some of the German physicians. It has been to leave the fair forms of childhood to disfiguration and death.

The report continues: "Of the decedents, 353 were males and 291 females. *Four hundred and three* were less than five years of age, and five hundred and three less than twenty. The remainder were of different ages, ranging from twenty to eighty years. One hundred and forty-five were under one year of age." It will be seen by these figures that 403 of the deaths were of childhood under five years, and would all have been certainly protected by successful vaccination, as we have no recorded case of deaths from post-vaccinal disease prior to the age of five.

These may all be placed on the list of victims of neglect. Sixty-two and one-half per cent, therefore, of this fearful mortality has been an unnecessary and cruel "slaughter of the innocents."

It is to be regretted that we have no statement of the number under fifteen, as a death from small-pox after vacination is almost unknown in statistics prior to this age. We have received several interesting reports from different members of the Academy, of incidents connected with the recent epidemic. I give two as examples: B. MOSENMEIER, M. D., gives the following list treated by him during the years 1868 and 1869.

Whole number of cases, 115, as follows:

Confluent, 23; discreet, 42; varioloid, 50; not vaccinated, 53; vaccinated 62; deaths of vaccinated, 1; deaths of those not vaccinated, 25; total deaths, 26.

Of deaths—youngest two months, and eldest fourteen years. Average age of decedents, two years and fourteen days. Of the convalescents, the youngest was four months—the eldest 62 years. Average age, 13 years. Of those said to have been vaccinated, seven had "variola confluens" and all recovered. Of the sixteen never vaccinated, who had the confluent form, thirteen died, or one in 12; a very decided difference in favor of vaccine influence.

It is well known that Dr. M. served in the thickest of the fight, and it is clearly demonstrated by his large number of confluent cases, and the low average age of his deaths, it being two years and fourteen days—the eldest being only fourteen years. Of his post-vaccinal cases, 62 in number, there is but one death, while in his unprotected, it is one in 2 or 3.

Dr. P. H. BIGNEY reports whole number treated 109; not vaccinated, 76; vaccinated, 33; whole number deaths, 13; of vaccinated, 2; of unvaccinated, 11.

The percentage of the unvaccinated is 14.5 white, of the vaccinated, 6 per cent.

The doctor remarks that of the vaccinated, 25 had varioloid and 8 had variola, all of whom had reached the age of manhood or womanhood and had never been revaccinated.

Two of this number died. In order to make an estimate of the number of cases and comparative mortality for the year 1868–9, I have taken for a basis 299 cases reported by different members of the academy. These reports embrace all parts of the city and give a fair average of the whole. Of the 299 cases, we have unvaccinated, 129, with 33 deaths—one in a fraction over $3\frac{1}{2}$, or about 28 per cent. 170 cases were reported vaccinated and five deaths—one in 34, or a fraction less than 3 per cent. Taking the whole number of deaths for the year, 644, on this basis we have total number of cases, 4,696; vaccinated, 2,670; deaths of post-vaccinal, 78; not vaccinated, 2,026; deaths of unprotected, 566; total number of deaths, 644.

It will be seen therefore that of those not vaccinated, 466 died in 2,026, while only 78 in 2,670 died of those who were reported vaccinated. The whole mortality is one in 72 or 13.8 per cent. This shows a large mortality, but when it is considered that 403 were under five years, and 145 less than one year—that the whole city was breathing an atmosphere of contagion, we may wonder that it was not greater.

Dr. ELISHA HARRIS, of New York, says of small pox in that city in 1864–65, that in upward of 2,000 cases there were more than 600 deaths. Some epidemics have been reported as high as 60 per cent.

The average mortality, as given by our best authorities, is, for the unvaccinated, twenty-five per cent., and the vaccinated five per cent., or, as has been well stated by one, "a man has about six times more chance for his life if he takes the disease after having been vaccinated."

The regular progress of the disease from the beginning is shown by the following table, commencing with January, 1868—two months previous to the commencement of our Board of Health Report:

1868.			1869.		
January.....	3	July..... 17	January..146	July.....	10
February...	8	August..... 10	February..147	August...	9
March.....	13	Sept..... 18	March.... 77		
April.....25		Oct..... 32	April..... 45		
May.....17		Nov 76	May 29		
June	7	Dec.....142	June..... 19		

By comparing these tables with those of Cardiff (town,) and Sheffield, given by SEATEN, page 319, we shall be able to discover the fact that the epidemic has here made good its history of destruction. Always entrenching itself by gradual approaches, it enters upon its work of death, and when once in possession keeps good its grasp; if let alone till there is no more material on which to operate, it gradually retires. By the foregoing table, ending August 31, 1869, there were one hundred and seventy-nine deaths, which, added to the 644, would make a total of deaths from small pox in eighteen months, 823, giving in accordance with the estimate a little over 6,000 in one year and a half. There was a slight increase in the

number of deaths after August, leading us to fear a still further development, but the indications now are that the material is about exhausted, and that we shall not have a repetition of small pox epidemic under 8 or 10 years; and if vaccination could be universal, we might well expect never to receive its attention again.

The necessity of vaccination and revaccination, and the protecting power of vaccinia, has been fully presented in the beginning of the year 1869, and nothing occurring in this epidemic has diminished our confidence.

In reference to the question of the protective power of vaccinia, we would repeat the words of Dr. ALISON, written in 1820–21, and often repeated: "You will remember that the question is not how many vaccinated persons take small pox, but how many vaccinated persons are fully exposed to the contagion of small pox and escape without any disease; and our assertion is, that as far as it is yet known, absolute protection of the human constitution is the rule, and the occurrence of any disease is the exception." (Seaton, page 235.) Has not this been verified in the recent epidemic? I think it safe to suppose that our whole population was exposed to variolous poison, during the past two years. It was genererally diffused throughout the city, but so intensified that the air which we breathed was laden with specific poison. No portion of the city was exempt. If we take the population as reported by the health officer, we have 260,000 exposed to the disease. I think if we should state that 200,000 had been protected against 3,000 failing, we should not exceed bounds of prudence. The great number of physicians and nurses, who have no protection other than vaccinia, stand a proud monument to the fame of Jenner.

The question is often asked why small-pox, a disease professedly under our control, should have been permitted to exist in this city apparently unchecked only by exhaustion for more than two years. The Health Officer, in his report, on pages 38 and 39, after giving the means employed to prevent small-pox from spreading in the city, says: "But they were rendered only partially successful owing to the circumstances, viz.: 1st, Many physicians did not comply with the law, that is, they did not report their cases to the Health Officer as the law required. 2d, A number of German physicians of influence and respectability in the city positively discountenanced the practice of vaccination as a preventive of small-pox, and entertain and promulgate the opinion that it is a medium for communicating other diseases to the human system." These may be considered by the Board great obstacles, but I would ask what effort was made to remove them? A few newspaper notices, a few circulars, a few good resolutions, none of which would be likely to fall into the hands of the masses, notices to the ward physicians to vaccinate gratuitously *all the poor* that call on them without extra remuneration, is about the substance of these efforts to carry into effect the efficient measures proposed. It has been stated that small-pox enjoyed the "freedom of the city for two years."

Is not this true? Has it not been met on the streets, in the hospital wagon, in the gentlemen's hack, in the saloons, in places of amusement? And we have in the Health Officer's report for Oct., 1869, that it has been welcomed to our churches, attended by societies—members of which, unvaccinated, have taken the disease and died.

We would call attention to the following report of the officer, Oct., 1869, after the disease had existed in the city for 19 months:

"CINCINNATI, October 31, 1869.

"*To the Honorable Board of Health:*

I respectfully submit the following report of the Sanitary Squad for the month ending October 31, 1869:

NUMBER OF NUISANCES REPORTED.

Verbal	720
Written	145
Total	865

NUMBER ABATED.

Verbal	720
Written	120
Total	840
Number unabated	25
Number of arrests	15

"JOHN PUMMIL,

"Superintendent Sanitary Squad."

You will observe that there were nineteen deaths from small-pox during the month past, a number of whom were adults and had never been vaccinated. In three instances the funerals of small-pox cases were attended by societies; of two, the decedents were kept in the house over 48 hours. Three of the members of the societies referred to contracted the disease and died. There are many instances in which the small-pox has been contracted and spread by keeping the bodies an unusual length of time, and then giving them a public burial with the attendance of societies. It is well known to physicians that this is one of the most certain ways of communicating and disseminating small-pox. I would therefore recommend that the bodies of the persons deceased of small pox should not be taken into churches, and that all societies should discontinue the practice of attending funerals.

It is highly important that the public generally, as well as physicians, should understand the necessity of reporting to the Health Office, promptly, all cases of small-pox; and, also, *all cases of vario-*

loid. The object which the Board of Health have in view in asking all persons having knowledge of the existence of small-pox or varioloid in any house or community, is that prompt and proper means may be taken to prevent the disease from spreading, and that such persons as have the disease may be properly taken care of, and not be neglected.

It is earnestly advised that all parents or other persons having charge of children have them properly vaccinated at once. And all children, as well as grown persons, who may have been vaccinated, should consult a physician as to whether they are sufficiently protected by such vaccination; and whenever the least doubt or uncertainty exists, vaccination should be practiced at once. There are very many instances in which persons are required to be vaccinated repeatedly before complete protection is afforded against small-pox. Vaccination is the only preventive against small-pox.

"All persons who desire to be vaccinated and who are not able to pay for such vaccination, can have such services gratuitously performed by calling upon the District Physician of the ward in which they reside, any day between the hours of one and two p. m., or at such hour as may be designated by the physician.

* * * * * * * *

"I am, gentlemen, very respectfully, your obedient servant, W. CLENDENIN, Health Officer."

It was reported in the Cincinnati *Commercial*, in connection with the report and recommendations, that one member of the board was not prepared to act, wishing to post himself, as he was not convinced that small-pox was a contagious disease. A new medical board of health *may* be good policy; but in this epidemic they have signally failed in rising to the magnitude of the occasion in meeting this emergency. In this connection I would ask attention to an extract of a paper read before the American Social Science Convention in 1869, by Dr. ELISHA HARRIS, Sanitary Superintendent of the Metropolitan District, New York.

This extract and others are here presented as a contrast between the action of our Board of Health and other authorities, and also for the consideration of those who are asking for compulsory laws for vaccination; which, to say the least, are considered by many as of doubtful expediency. Dr. HARRIS says:

"Again, in dealing with contagious diseases, it is found that masses of the people yield cheerful compliance with whatever requirements and advice the sanitary authorities propose. For instance, causes that need not here be mentioned had recently planted small-pox in more than one hundred different places in the city and distributed it all the way from the Battery to Harlem, and Carmansville and such places, and in such a manner as to insure its rapid and wide-spread ravages. During the preceding two years there had been such idle clamor kept up by a few persons against vaccination, and the opposition to the concern of sanitary officers about this duty in schools and elsewhere, the danger had at last become imminent. Two hundred and twenty-five cases of small pox had been discovered in the city between the first day of January and the last day of May. On the latter day a plan for systematic canvassing, by house to house visitation, throughout the entire city, was put in operation; and by the liberal and unanimous vote of the Board of Health, sixty physicians were added to the twenty already on duty, as sanitary inspectors, and the whole force was concentrated upon the work of house-to-house vaccination.

"These gentlemen could use no coercive measures in the task they undertook, but they were charged to explain the duty of vaccination. This course unbarred all doors, and broke down all opposition. They triumphed in the work and thereby conferred a benefit upon the metropolis which saved many hundred lives and protected its commercial interests against the loss of millions of dollars that would have resulted from the continued and increased ravages of this loathsome contagion. In the six weeks ending June 15th, there had been no less than 61 cases of small-pox discovered and placed under sanitary care in the 16th and 20th Wards alone. The work of vaccination in these wards was completed July 10, and from that date until October 10, only three cases of small-pox were found in the 16th and only four in the 20th Wards. These two wards contain no less than 150,000 people, mostly in tenement houses; and the persons who sickened of the disease during the period last named, proved to be those who have not received the boon from the Board's vaccinating corps offered from house to house.

"As to what would have been the result of neglecting to offer vaccination in this manner, and to instruct the people in their duty concerning it, we may judge from the events of the winter of 1864–65 in our city, when upward of two thousand cases of the disease and more than six hundred deaths occurred. Then there was panic, and so great fear of the contagion that thousands of merchants purchased in other cities who would otherwise have visited New York."

In 1854–5 small pox was spreading fearfully in the 13th ward of this city. A proposition was in allay to the Infirmary Board to "stamp out" the disease. In three weeks they would give the necessary assistance. To this they agreed. The mayor directed his day police to visit all the houses and to see that every child of the poor, not vaccinated, was presented to the city physician for the operation. The policemen of this ward were faithful

men. The result was that in less than four weeks three hundred had been vaccinated or revaccinated and not a case of small-pox remained. This month's work cost the city seventy-five dollars, for they then allowed twenty-five cents for vaccination. The result justified the measure twenty fold. The epidemic was stayed and the results continue to the present. In this large ward, so liable to contagion, only thirteen deaths occurred during the late epidemic, being of 2.17 per cent. of the whole number of deaths from small-pox.

Dr. E. Snow, Superintendent of Health, Providence, R. I., states in his report for 1868–9, that small pox appeared in that city of fifty thousand inhabitants four different times during the winter and in four different localities all favorable to its extension, yet in no case did the disease extend beyond the infected tenements. He relied on vaccination and isolation. These agents failed him not, neither will they ever fail when vigilantly applied. Standing at a safe distance proclaiming peace, when there is no peace, issuing circulars to those who cannot read, offering relief and publishing resolutions of the Board of Health in the city papers, which never visit the abodes of the masses, will never conquer this enemy of the human race. It must be a hand-to-hand encounter, and no surrender. The masses must be reached by house-to-house visitation and vaccination.

It has been objected that isolation bears heavy on the isolated. Admit that it does for a time; the public good demands it, and what comparison can be made between a partial restraint of liberty for a few weeks, and the loss by death of nearly one thousand of our population, and the incalculable loss to the business interests of a large city like ours during the past two years? Vaccination and isolation are our reliable agents, and when energetically applied, remove the necessity for epidemics of small-pox. Far cheaper would it have been for this city to have placed in the field efficient vaccinators, to canvass the different wards of the city from house to house, and paid them a fair compensation, then relying on the poor presenting themselves to the city physicians, thereby increasing the labor of these medical men who, on an average, received during the years 1868–9 about three cents a visit. The answer to the question—why this extended and disastrous epidemic?—is a very plain one. Vaccination has been neglected by those having children in charge. It has been performed, by those who did not know the difference between a common ulcer and a well developed vaccine postule. Physicians have been undoubtedly remiss in each case that the well defined areola appears.

There is also too great neglect of revaccination. The utter want of efficiency on the part of our authorities in the use of the well known and only means for putting an end to the contagion is the great reason why small-pox enjoyed the hospitalities of our city for more than two years. I will here state that our health officer has made some excellent recommendations, and the Board of Health has not failed to pass stringent resolutions; but it seems there has been a complete ailure in enforcing or carrying into operation the following powers conferred on the board: "May take measures and supply agents and afford *inducements* and *facilities* for *general* and *gratuitous* vaccination." I have been furnished with many interesting facts in relation to the peculiar effects of vaccination in this city during the epidemic. These I hope to present to the academy during the present year.

Editorial Department.

Periscope.

Spurious Quinine.

In a late number of the *American Journal of Pharmacy*, Mr. Charles Bullock, of Philadelphia, announced the discovery of an intended fraud in the vending of a spurious preparation. He says that there has lately been offered in the market there what purported to be about five thousand ounces of sulphate of quinine of the manufacture of Pelletier, Delondre et Levaillant, of Paris. The bottles in which it was contained bore the label and the corks and seal of that firm.

An examination of the so-called sulphate of quinine, which was offered at about the market price of quinine, showed that it contained scarcely a trace of quinine, but consisted entirely of muriate of cinchonine mixed with small quantities of the other associated alkaloids of the bark.

The first impression was that old bottles from which the labels had not been removed had been used to perpetrate the fraud; but a more careful examination and comparison with a known genuine package led to the belief that the whole transaction—bottle, label, seal and circular accompanying each bottle—was a counterfeit.

It is somewhat amusing to read that the original circular issued by the firm, a counterfeit copy of which accompanied each bottle of the spurious quinine, contains a ready method for discovering the

fraud, viz.: "1 gramme of sulphate of quinine, 4 grammes of ether, and 2 grammes of aq. ammoniæ should form a clear solution."

Hemlock and its Use in Scrofula.

Dr. Alex. Fleming., F. R. C. P., Senior Physician to the Queen's Hospital, Birmingham, says in the *British Medical Journal:*

The uncertainty and comparative inertness of the pharmacopœial preparations of hemlock are generally acknowledged, and hence this valuable drug is less than it would otherwise be, and its remedial powers in certain diseases are imperfectly known.

For nearly twenty years I have from time to time adopted the following mode of administration with good results: The fresh green fruit is mixed with its own weight of white sugar and reduced to a pulp. Five grains or more of this conserve, formed into a pill, are given three times in the day. Thus administered, the drug produces the usual physiological effects—slight dimness of sight, weakness and dragging of the lower limbs, and langor—with much certainty. This preparation retains its activity for three or four weeks only, and has, therefore, to be constantly renewed.

As a sedative in curing whooping-cough, and in abating the cough of consumption, I have found it very useful; but my attention has been especially attracted to its value in scrofula. Its effects are most marked in favoring the absorption and removal of enlarged glands, and in promoting the healing of scrofulous sores. In those cases, I give it in conjunction with the iodide or bromide of iron. The old writers on the materia medica were fully alive to the value of hemlock in scrofula; and more recently, Dr. Baudelocque, of Paris, obtained excellent results from its use in the treatment of children affected with enlarged and suppurating glands.

Hemlock is sometimes recommended as an addition to cataplasms and to the warm bath in the treatment of diseases of the skin; and I have myself often found it useful in allaying pain and itching; but it is well to know that its external use requires caution. In the case of a child under my care suffering from severe eczema, decided physiological effects ensued from its use in mixture with linseed-meal in the form of poultice, and caused some anxiety. It is here that we experience the disadvantage of the uncertainty in strength of the preparation. The powder is often powerless either for good or ill; but should the drug be fresh, its action may, when thus applied, give rise to alarming symptoms. The following case may be cited in illustration of the value of hemlock in scrofula.

Case I.—I was summoned to see in consultation Agnes S., nine years of age, on account of convulsions caused by a gross error of diet. She had been always delicate, and presented the usual indications of the scrofulous habit. There were, besides, enlarged glands in the neck, and an extensive strumous ulcer on the left leg. The convulsions were speedily relieved. It then occurred to me to recommend for the scrofula a trial of the hemlock, especially as at the moment it could be obtained fresh and in good condition. The iodide of iron was given at the same time, and suitable local remedies were applied to the ulcer. The scrofulous symptoms in this child, in spite of treatment, had been steadily growing worse for several months, but soon after beginning the hemlock a decided change was manifested. The glands of the neck became smaller, and the ulcer, assuming a healthy aspect, gradually lessened. At the end of nine weeks the tumescence of the glands had disappeared, the sore had cicatrised, and the child was restored to fair health.

Death Under the Influence of Methylene.

An inquest was recently held in London, at Charing Cross Hospital, on the body of a laborer, æt. 41, who died while under the influence of methylene after undergoing an operation. Mr. Edwin Canton, surgeon to the hospital, stated he had advised the deceased to have one of his fingers removed on account of a severe injury; to this he consented, and said he should wish to be under the influence of chloroform while the operation was being performed. On Tuesday last the operation took place, the deceased having previously inhaled one and a half drachms of methylene, which was used as a substitute for chloroform. The methylene was administered in the presence of witness by the regular adminisirator of the hospital, a gentleman of large experience. The quantity administered was not more than half that usually given. The deceased having become insensible, Mr. Canton removed the finger, the operation not lasting more than one minute. It was then found that the deceased's head had fallen upon one side, his eyes were upturned, and breathing and pulsation had ceased. Every means was at once adopted to restore animation, but without effect. He had since made a *post-mortem* examination, and found the brain and every other organ perfectly healthy. There was nothing whatever to account for death; there was no trace of any action of the methylene on either the heart or brain. The only way in which he could account for the death was, that the man being in a state of great nervous excitement at having to undergo the operation, the methylene had acted upon the nervous system, producing instant death. He had known death to result under an operation from the nervous excitement of the patient without

chloroform having been inhaled. There was no doubt that the death of the deceased had been produced by the methylene he had inhaled. The cases of death while under the influence of methylene were extremely rare. In all probability the deceased would have survived the operation had it been performed without his inhaling the methylene, which was administered at his own request. He never allowed methylene to be administered to a patient about to undergo an operation, unless with the patient's full consent after due deliberation. The jury returned the following verdict: "That the deceased died from the effects of methylene properly administered during an operation."

Gonorrhœa and Peritonitis.

Mr. GEORGE FREDERICK GILES says, in the *British Medical Journal:*

In a conversation a few years ago with the late Dr. BRINTON, during an attendance on a case of tubercular peritonitis, he said that he divided peritonitis into three classes: 1. Tubercular; 2. Traumatic; 3. The Peritonitis of prostitution (he omitted to classify the puerperal form, as being out of the range of his observation). Of the cause of the last form he was unable to arrive at any satisfactory conclusion. The frequency of the disease in prostitutes induced him to think that there must be a special cause, but no satisfactory explanation had presented itself to him. I ventured to suggest gonorrhœa. This he considered sufficiently satisfactory, and said that he should for the future accept it as a cause. Not very long after this he died, and I never had any opportunity of knowing to what extent he carried out the suggestion; but since then I have frequently mentioned the same view to hospital physicians, and they have universally considered it sufficiently important to advise me to place it before the profession for extended observation.

The Fallopian tubes opening into the cavity of the peritoneum at their fimbriated extremities, gonorrhœal matter may readily come into direct contact with the membrane. After childbirth or miscarriage this occurs with greater freedom; and in prostitutes, neglected gonorrhœa, though with less facility, may in the same manner lead to peritonitis. I was first led to this conclusion whilst attending a married lady in her confinement, whose husband had contracted gonorrhœa. He left home at the commencement of the attack, and only returned when he believed himself quite well. He shortly afterward applied to me, saying that the disease had returned, and he very much feared that he had infected his wife. I soon felt convinced she had taken the disease, though in so mild a form that she quite believed the discharge arose from he condition, and was a natural result. She was confined, and in a few days peritonitis set in, which, without the previous history of gonorrhœa, would have been supposed to be the ordinary puerperal form.

The next case was that of a married lady who was aware that her husband had given her gonorrhœa. He himself was then suffering from it in a bad form. She miscarried at about the seventh or eighth week of gestation, and shortly afterward had a severe attack of peritonitis. Several cases followed where the cause was strongly suspected; and on questioning the husbands, some admitted they had suffered from gonorrhœa.

In my experience, the disease differs from puerperal peritonitis in being less severe and of shorter duration, and in manifesting improvement by removal of as much of the cause as is practicable by frequent injections of warm water, and by treating the inflammation by ordinary means. No case has ever proved fatal in my practice. In one case, which struck me as being particularly characteristic, the disease was unhesitatingly acknowledged: the mother had severe peritonitis, and the child the worst form of gonorrhœal ophthalmia.

I am anxious to place these views before the profession.

Medical men are frequently consulted about discharges in parturient women, and they may be induced to extend their inquiries sufficiently far to establish the existence of the disease when it may be present, and, if sufficient time remain before the confinement, to cure it. A most troublesome, and perhaps under some circumstances a dangerous, sequence may be avoided by so doing.

I have searched all the books at my command to find any expressions or opinions on the subject. Many speak of the diseases of the ovaries and uterus as causing peritonitis; but in Hodgkin's *Lectures on the Morbid Anatomy of the Serous and Mucous Membranes*, this passage occurs in the sixth lecture on peritonitis. "The peritoneal adhesions in the neighborhood of the appendages of the uterus appear in most cases like those occurring in the neighborhood of the spleen, to be not accompanied by any marked or serious symptoms. *From the character of the individuals* in whom they are most frequently found, it is rendered extremely probable that they are induced by the inordinate exercise of the parts which they implicate." And again: "The third and perhaps the most important circumstance is, that inflammation may be communicated to this part from the uterus itself." It is obvious the author, in speaking of the "character of the individuals," alludes to prostitutes; and it is also probable that gonorrhœa was a cause of the peritoneal inflammation, especially during the menstrual period and it is equally clear that both Drs. Hodgkin and

Brinton, and no doubt many other physicians, knew prostitutes to be frequently attacked with peritonitis.

The Epidemic of Scorbutus in Paris.

M. LEGROUX, in his account of the epidemic scorbutus recently prevailing in Paris, thus notices the remarkable exemption of women from its attacks: "This disease has attacked far more men than women, and that in an enormous proportion. Among 200 scorbutic patients, we have not met with more than three or four women. And yet, women might be expected to easily become the subject of this cachexia. How many of them, amongst the working classes, have been living in a problematical manner! Often without work or resources, and anæmic, as women usually are in large cities, many of them have but little fuel, and many of them have been fed only on rice-bread (and what bread!) and a little wine, obstinately refusing horse flesh. I do not profess to be able to explain this slight aptitude of females for scorbutus, nor do I insist upon it much, knowing that the females of Salpétrière were the only subjects of an epidemic of scorbutus in 1847."—*Gazette Hebdomad*, March 10.

Carbolic Acid in Dysmenorrhœa.

At the Dundee Medical Society Dr. DUNCAN gave the particulars of the following case, which he had treated lately:

Patient was a widow, æt. 30, who had suffered since the birth of her only child, three years previously. The labor had been a speedy one. Her periods recurred every three weeks, with two or three days of such severe pain that she had to keep her bed. During the intervals there was a profuse leucorrhœal discharge. She was put on tonics, and carbolic acid, full strength, was applied at intervals of seven days to the os uteri on a stilette, round which a piece of lint had been wrapped. After three applications a period was passed, during which she continued at her work (the mill), the pain having been very trifling. At the following period, the applications being continued, she experienced no pain whatever. The leucorrhœa had also entirely disappeared. She still suffered, however, from a feeling of bearing down in the pelvis, which probably was due to an adhesion of the uterus, which existed at the left side of the posterior lip of the os.

New Suspension Apparatus.

Dr. S. S. HALL, of Sheboygan, Wis., writes: "I have recently employed a suspension apparatus for fracture of the leg that seems to me to be an improvement over anything of the kind heretofore in the hands of the profession. A No. 1 iron wire is bent in the shape of the lower part of Dr. HODGIN'S suspension splint (as figured in HAMILTON'S work on military surgery, page 412), extending from above the knee to five or six inches below the foot. The upper extremities of the wire are turned upward at right angles, or rolled into rings for the attachment of adhesive strips. A tin foot-piece is made to slide freely upon the side wires." The manner of application is as follows: Strips of cloth are laid across the wires, as in Hodgen's splint, upon which the limb is laid. Adhesive straps are then applied above the point of fracture, and fastened to the upper extremity of the splint on each side. The foot is secured to the foot-piece by adhesive straps or bandage; a piece of rubber tubing is passed through a ring in the under surface of the foot-piece, and made fast to the transverse wire at the lower extremity of the splint, making the proper extension. The whole apparatus is then suspended to the ceiling by a rope and pully.

Three Cases of Tetanus Cured by Hydrate of Chloral.

Dr. DORIGO has published, in the *Gaz. Med. di Padovia*, a case of a boy of 13, who suffered from tetanus in consequence of a wound of the sole of the foot. The final recovery took place on the fifty-fourth day, the average daily dose having been ninety grains. When the narcotic effect became weak, the chloral was immediately given again. Dr. Grandisso-Silvestri mentions in the same paper another case of a girl, eight years old, who had tetanic attacks after a lacerated wound of the middle finger of the right hand. She soon recovered after having ingested about half an ounce of chloral in five days. Dr. Bensasson, of Tunis, has also communicated to the *Imparziale*, of Florence, the successful case of a boy, aged 13, who was seized with tetanus in consequence of a nail running into his foot. The treatment lasted thirty-five days, about five ounces of chloral being used altogether.

Reviews and Book Notices.

NOTES ON BOOKS.

James Osgood & Co. have reprinted from the *Atlantic Monthly* the series of instructive papers on the eye, entitled, *Our Eyes, and How to Take Care of Them*, by HENRY H. WILLIAMS, M. D., showing the present state of knowledge on the powers and uses of the eye, and the means of perserving the sight amid the various dangers to which it is exposed.

MEDICAL AND SURGICAL REPORTER.

PHILADELPHIA, MAY 27, 1871.

S. W. BUTLER, M. D., D. G. BRINTON, M. D., Editors.

☞ Medical Society and Clinical Reports, Notes and Observations, Foreign and Domestic Correspondence, News, etc., etc., of general medical interest, are respectfully solicited.

Articles of special importance, such especially as require original experimental research, analysis, or observation, will be liberally paid for.

☞ To insure publication, articles must be *practical, brief* as possible to do justice to the subject, and *carefully prepared*, so as to require little revision.

We particularly value the practical experience of country practitioners, many of whom possess a fund of information that rightfully belongs to the profession.

The Proprietor and Editors disclaim all responsibility for statements made over the names of correspondents.

METHODS IN PSYCHOLOGY.

Only lately has the study of psychology been recognized as a branch of medical science, and special sections been formed in medical associations for its study. We recognize with pleasure in this a growing appreciation of the fact that man, in all his relations, in health as well as in sickness, in mind as well as in body, must be made the topic of our observation in order to understand any one of his conditions thoroughly.

Naturally enough, the psychological branch being yet in its infancy, the methods by which it has been studied are by no means perfect. A tendency to iconoclasm is characteristic of modern investigation. Physicians, in studying the mind and its actions have, as a rule, insisted upon proceeding from its pathological to its physiological condition. They scrutinize the make of the vessel through the cracks and rifts in its sides. They judge of the machine by its action when out of order.

The uncertain and deceptive results of this course are conspicuous in the results attained.

We have no desire to underrate the opinions of alienists, nor to discourage those who think that by a close study of mental disorder and its connection with brain lesions we may in time arrive at a clear conception of mental physiology; but we do urge upon psychologists the obvious, yet neglected fact, that it is the mind in health they should study.

"Self-consciousness," the idol of the Cousin School of Philosophers, is rejected with unconcealed contempt by Dr. MAUDSLEY and his followers. Yet the study of the action of the mind —we mean pure metaphysics—cannot, with any propriety, be dismissed by psychologists. The ancient schools of metaphysics are indeed as far from the correct method as the schools of alchemy. But in connection with the physiological study of the senses, a new epoch in this neglected branch must arise.

The laws of optics and the principles of acoustics are independent of the anatomy of the eye and the ear, nor can they possibly be derived from a one-sided study of those organs. So the laws of thought are not to be found in the phenomena of the insane asylum. Sidelights in number are thrown by this study, but the philosophic psychologist will not seek that field for his principle observations.

Notes and Comments.

Minnequa Springs.

The season is near at hand when physicians frequently recommend patients to visit some of the various health resorts as an adjunct in the treatment. This is often done to the very great advantage of the patient. In our own State we have a number of excellent and well known resorts, where the advantages of mineral waters and mountain air can be taken advantage of without going a great distance from home.

Minnequa Springs, in Bradford county, not far from Williamsport, have attracted a great deal of attention of late. The peculiarities of the waters are the large amount of carbonic acid gas they contain, and their close resemblance to the celebrated Vichy waters of France, as shown by a chemical analysis of the waters of the two springs.

An account of the Minnequa Springs was published in THE REPORTER of July 9, 1870.

Anæsthesia in 1836.

Dr. SAMUEL WOOLSTON, an aged physician of New Jersey, writes us that he knows that ether with morphia dissolved in it was used in 1836 to destroy pain in surgical operations. He does not, however, say whether by inhalation or local application. He refers to the files of the *National Intelligencer*, of June, 1836, for an advertisement for extracting teeth without pain "by the administration of ether." Will some reader having access to a file of the *Intelligencer* do us the favor to furnish us with a copy of the advertisement, and any editorial reference to it?

Weight of Brain in Different Races.

An elaborate paper was read, not very long ago, before the Royal Society of England, in which the

existing evidence as to the weight of brain among different nations was analyzed. The average brain weight for the English is stated to be 47.50 ounces; for the French, 44.58; for the Germans, 42.83; but there are discrepancies in the results of different observers, some giving a greater average than this to the Germans. The Italians, Lapps, Swedes, Frisans and Dutch come into the category with the English. Among the Asiatic races, the Vedahs of Ceylon and the Hindoos give a mean of over 42.11 ounces. The skulls of Mussulmans afford a slightly increased average of brain weight over those of the Hindoos. Two skulls of male Khonds—one of the unquestioned aboriginal races of India—show a brain weight of only 37.87 ounces. The general average of the Asiatic table shows a diminution of more than two ounces when compared with Europeans. The general mean of African races is less than that of European races, although there are great differences; the Caffre rising high, and the Bushman sinking low in the scale. The average of the whole of the aboriginal American races reaches 44.73 ounces, which is 2.14 ounces less than that of the European races. The Australian races show a brain weight one-ninth less than that of the general average of Europeans. The Malays and others of the Oceanic races, who migrated boldly, for commercial purposes, over the North and South Pacific Ocean, and occupy the islands, show a tolerably high average of brain weight; and, on arriving at this section, we return in some measure to the large brain weight of Europeans.

Poisoning by a Hair Restorer.

The King of Sweden, it is reported, has recently been suffering under a dangerous illness, caused by the use of a certain "hair restorer," which, according to the chemical analysis of the royal physician, contained a large proportion of oxide of lead—a salt most injurious to the human system. In consequence of these supposed dangerous effects, a sanitary commission has been organized by the King to sit at Stockholm and pass judgment upon the cosmetic.

Effect of Epilepsy on the Mind.

At the regular monthly meeting of the Medico-Legal Society, held at the College of Physicians and Surgeons, New York, May 12th, MEREDITH CLYMER, M. D., read a paper upon "The Legitimate Influence of Epilepsy upon Criminal Responsibility." The lecturer remarked that epilepsy tended to affect the intellect, despite the exceptional instances of great genius, allied with the disease, in the cases of Julius Cæsar, Mohammed and Napoleon Bonaparte. If there have been epileptics who have, during a long career, retained their superior intelligence, the instances are too unfrequent to invalidate the general law.

Correspondence.

Conservative Surgery in Fractures.

EDS. MED. AND SURG. REPORTER:

I send you a case of compound comminuted fracture of the tibia and a compound fracture of the fibula, successfully treated on the conservative principal.

Mr. Charlie S., Irish, æt. 48; stout, robust, healthy man; occupation, section boss on the Miss. and Tenn. railroad. The hand car with eight men and about eight hundred pounds of tools and nails, running rapidly down grade near Memphis, Tenn., ran over his right fore leg, November 1, 1870; I saw him one hour after the accident; did not examine the leg on account of the expectation of three more physicians from Memphis. He was suffering intensely, and I assumed the responsibility of administering a half grain morphia. The gentlemen arrived about three hours after the accident. We proceeded to chloroform him and make a thorough examination. To our surprise we found a transverse fracture of the tibia in its upper third, an oblique fracture in its middle and a compound comminuted fracture of the tibia and fibula, in their lower third, just above the malleoli. The first impression was to amputate, but after due reflection we determined to be more conservative, therefore applied a simple dressing of splints and bandages (for the want of something better), with cold irrigation, morphine internally to relieve pain; good, light diet, with a little brandy. This dressing was to have been removed the next day and a counter-extension fracture box substituted. I was necessarily compelled to be absent a few days, therefore saw no more of him until 5th of November. I found him suffering intensely, also the first dressing still on his leg, and learned from him, that it had not been removed. My associates soon came, and we undressed the leg for the first time. I found it in a very unfavorable condition of the broken and contused parts, as well as a sloughing condition of the heel, from pressure by the splint. Everything suggested amputation as the only chance of recovery. My advice was to put on a starch bandage and try nature again. We did so, and our patient expressed himself as feeling much better, and thought he was able to walk. Doors were cut in the bandage for the escape of pus and cleansing the parts. The other physicians having been relieved, I was requested to take charge of the case. I saw him Nov. 6th, suffering very much; had a chill during the

night; very restless; ordered quinine., 20 gr., to be taken in four doses, beef tea and brandy, morphine to relieve pain, and cold water dressing to limb.

Nov. 7. No more chills, but sinking and restless; removed bandage, and found the entire tibial integument, with superficial tissues, had sloughed, and about one-third of the skin underneath the leg. All the fractures assumed a compound character, in fact, the fore leg was perfectly raw. I washed it well with warm water and soap; put it in a counter-extension fracture box, and applied a lotion of carbolic acid; morphine if necessary.

Nov. 8. Countenance better; wound looks more healthy; bowels acted for first time; cauterized the unhealthy parts with carbolic acid, and continued treatment.

Nov. 9. Better appearance; continue treatment.

Nov. 10. Improving; extracted three spiculæ of bone from the lower wound. I pricked the skin over the belly of the gastrocnemius and allowed the escape of about fifty worms; patient swore he was mortifying and insisted on amputation. I washed the parts well with strong carbolic acid.

Nov. 11. Still improving; continued same treatment.

Nov. 12. Upper fracture nearly healed; middle, same, lower improving rapidly.

The fracture and wounds continued to improve, and by the first December the upper and lower were united, while the middle had made but little progress.

Dec. 25th. Wounds healed; patient on crutches and went to Memphis; middle fracture uniting slowly, and I applied another starch bandage.

Feb. 1, 1871. Removed starch bandage; extracted a spiculæ of bone 2½ inches in length from middle fracture; nearly united.

April 1st. Have thrown away one crutch; fracture united.

April 15. Walks without crutch, but uses stick. He continues to use the lotion of carb. acid; says it prevents itching and swelling. Discharged.

Remarks.—This leg had been broken twice previously, in the last five years. I can attribute the success only to the carbolic acid. Eight oz. crystalized were used. Why was it that the lower and upper fractures united so rapidly, and the middle so slowly? This case demonstrates plainly that a great many limbs could be saved if treated properly. The leg is exactly the same length and shape as the opposite.

If this communication proves of any value to any member of the profession, I will feel highly rewarded for my trouble. Very respectfully yours, etc.,

SAM. L. RAINES, M. D.

White Haven, Tenn., April 29, 1871.

Is Scarlatina Contagious?

EDS. MED. & SURG. REPORTER:

A short history of a few of the many similar evidences which have occurred under my observation, indicating the contagious nature of this disease. Indeed, very rarely have I known a child which had not *previously had* the disease to escape it in some one of its grades, after it had made its appearance in the family; so universal has this been the case, that I have advised preparation should be made to care for all other children, as they would probably have the disease in from eight to twelve days after development of the first case in the family.

Hon. J. D. L———s, of Fulton, N. Y., requested me to visit his son Orin, æt. 14, on the 17th of January, 1868. Found him with symptoms of scarlatina anginosa; he had, on the 8th of January, visited his cousin sick with scarlatina; two of his sisters were attacked with the disease on the 26th, one æt. 12, the other 8. On 28th his brother Frank, æt. 10, and another sister, Mary, æt. 5, were prostrated with scarlatina. The first, Orin, and two of the others had the fever in a grave form, and two the simplex. All finally recovered.

March 1, 1868.—Requested by I. N. S. (who had in his family four children *liable* from not having had scarlatina) to visit his daughter, æt. 12, very large and fleshy. On my arrival, she appeared nearly comatose, or verging to that state, with the usual symptoms of scarlet fever. Had been attending school at the Female Seminary in our village. On the 9th of March, three, or all the other children, had active and unmistakable symptoms of the disease. One daughter, æt. 10, one grandson 4 and another 2 years of age, the two elder girls having the disease in a very grave type, the two younger in a mild form. All recovered.

Mr. T. G., public contractor, the father of four living children, all at home, requested me to visit his daughter, having been six days sick with scarlet fever, in consultation with the attending physician, Dr. H. D. D., of Syracuse, an honorable and worthy member of the profession. On my arrival, August 25th, 1868, this daughter, æt. 15 and a son 4, were sick with scarlatina. The son had the disease in a simple form; the daughter in a grave type, with complications which are not necessary here to specify. Before leaving, on the first visit, my opinion was asked as to the probabilities of an elder sister and brothers having the *fever*. I advised their rooms to be put in order for their reception; and the two to have a half diet, and that easy of digestion.

The sister, æt. 18, was prostrated by the disease on the 27th of August; the brother, æt. 20, on the 28th of August. All recovered, the daughter,

æt. 16, after a somewhat tedious convalescence of several weeks. The other three were quite well again in three weeks.

Mrs. F. S., the mother of two children—a son and daughter, visited and took care of a neighbor's child, sick with scarlatina, on the 12th of February, 1868. On the 22d of February, 1868, visited her son and daughter, one 5 and the other 3 years of age, both sick with scarlatina, since yesterday. The daughter, æt. 5, died in convulsions soon after I left; had convulsions before I was called, the same day. The boy recovered.

In the autumn of 1849 visited two sick children of A. B———s; had not seen or heard of any cases of scarlet fever in the village for some time previous. The children were suffering with sore throats, chills, nausea, etc. Treatment with other things advised for their relief was ears of corn taken from boiling water, surrounded with napkins and placed to the sides, legs and feet of the children. At the visit the next day the children were covered with the scarlet efflorescence. They both recovered. Ten days after a child residing in a house adjoining had scarlet fever, and soon the disease was in various parts of the village.

The corn mentioned as having been placed around those children was thrown to the pigs in the pen, four in number, weighing at the time about sixty pounds each. About eight days after this the shoats were all taken sick: throats swelled so that it was with difficulty they swallowed the best prepared feed, their whole bodies became perfectly scarlet, the *edges* of their ears curled up like the leaves of corn in a drouth. Three of them died after being ill from one to three weeks, and one finally recovered. The hogs apparently suffered all the symptoms and effects usually caused by scarlatina in the human subject.

My opinion has, for the last twenty years, been that *scarlatina* was as certainly contagious as measel or mumps. CHAS. G. BACON.

Fulton, N. Y. May 12, 1871.

News and Miscellany.

Scarlet Fever not Contagious, but Endemic.

The physicians of Providence, R. I., are in the habit of writing occasionally on medical subjects in the columns of their local papers. A correspondent of one of the papers having questioned the position of Dr. SNOW, health officer of the city, who is a non-contagionist, and cited a number of authorities in support of his own position, in favor of contagion, Dr. JOSEPH MAURAN, well known as one of the foremost and most intelligent physicians of Providence—during more than half a century past—writes as follows to a friend in that city, under date New York, May 5, 1871. We copy from the Providence *Daily Journal:*

"I have read with astonishment in the Providence *Daily Journal* of the 4th inst. an article militating against Dr. Snow's correct views on the question of the *non* contagiousness of scarlatina. (I esteem them correct from a professional experience of more than half a century.)

"I fortunately witnessed, in 1817, the first cases that ever developed of that disease, in the purely *scarlet* form, in our goodly city, then town of Providence. They were so adjudicated in consultation, by those highly eminent and venerable men of that day, Drs. Levi Wheaton, and William and Pardon Bowen. We previously had 'canker rash,' so called.

"It was then simultaneously developed, atmospherically, and was limited solely to the children of two large families, first cousins, extending to neither nurse, attendants, nor to other families, notwithstanding free intercourse. Through my professional experience from that day to the present period, I know but one well established *law*, applicable to that terrific disease. That is, that the disease is atmospheric, epidemic, and attacks, in certain conditions of the atmosphere, certain families of the same 'kith and kin,' the same blood. I could designate in illustration many like instances, but permit for the present one of the most prominent and marked, to suffice.

"About 1830 or '35, in the large private family of our late worthy Superintendent of the Dexter Asylum, Mr. Palmer, the disease, scarlatina, developed in a most malignant form, among his daughters and a son, all residing in the Institution. None others were affected. The son, æt. 30, and upon whom devolved the duties of the farm, died.

"*Simultaneously*, in the family of a daughter residing at the extreme end of North Main street, beyond the old Amey Gray tavern, with whom no special intercourse had been had for weeks, all were attacked with the disease. About the same week, letters were received from the family of a son residing in Newport, saying, 'our children are all down with scarlet fever.' Again, at the same time, the family of another son residing in Brooklyn New York, writes home that 'all the children are afflicted terribly with scarlet fever.' No communication, personal or otherwise, had been had with either of the families for weeks.

"I would ask, are not these cases conclusive that the disease is simply of atmospheric origin, and also confirmatory of the law already stated, that its development takes place under certain conditions of the atmosphere, and in certain families only of kith and kin'? If not, more anon."

Sentence of an Abortionist.

Abortionists have reason to fear falling into "the hands of justice," with such judges as Judge BEDFORD, of New York, on the bench. In the recent case of Lookup Evans, a notorious abortionist, Judge Bedford pronounced sentence as follows:

Evans, considering the overwhelming evidence against you, and the willful perjury you committed when in the witness box [applause], I must express my great astonishment that 12 intelligent men should remain out all night to decide on your case. I was determined to keep them together until they agreed one way or the other. The jury having found the facts against you, they were bound to take the law from the Court. From my official experience of 8 years in this court-room, I believe you to be the most consummate villain ever convicted in any court of justice. You are a professional abortionist. You have lived, thrived, and prospered in your criminal career, and have accumulated, by reason of your dark undertakings, an immense fortune. Let your conviction be a stern lesson to the many professional abortionists of this city, for on conviction they will all learn that neither their ill-gotten wealth nor their alleged great influence will be of any avail when tried in this court-room. The same penalty now about to be meted out to you will unquestionably be meted out to every other convicted professional abortionist of this city. The sentence of the Court is that you be confined in the State Prison for the term of three years and six months, the full penalty allowed by the law. [Applause.]

Incompatibility of Digitalis with Sulphate of Quinine.

A physician having ordered a mixture containing the syrup of digitalis of the French Codex and acid sulphate of quinine, observed a precipitate at the bottom of the bottle. Supposing that some mistake had been made, he took it back to the apothecary, when it was found that the ingredients were incompatible with one another, the tannin in the digitalis combining with the quinine and forming an insoluble tannate.—*Journal de Pharmacie et de Chimie.*

Effect of Chloral.

Mr. STODART, of Bristol, has recently examined the stomach, lung, heart, kidney, and spleen of a patient who died from an overdose of chloral hydrate. "The first thing," he says, "that struck me was the very extraordinary way in which the several portions were preserved. Even now, although more than a week has elapsed since death, yet not the slightest sign of decomposition has taken place, nor any unpleasant odor. This doubtless is the effect of chloroform in the tissues."

——Dr. GEORGE ELDERMULLER, a prominent physician of San Francisco, died May 14th from injuries received by being thrown from a carriage two weeks since.

——Dartmouth College has been presented with $10,000 by E. W. Stoughton, Esq., of New York, to found a museum of Pathological Anatomy in the Medical Department.

——The Princess DORA D' ISTRIA reads and speaks fifteen languages, has written numerous works, and is a member of ten learned societies.

OBITUARY.

PROFESSOR OPPOLZER.

Professor JOHN OPPOLZER, the most famous surgeon of Vienna, died April 16th. He was born at Gratzen, in Bohemia, in 1808. In 1838, after completing his medical studies in the University of Prague, he entered on private practice in the town with extraordinary success. In 1841 he was appointed principal physician to the Prague Hospital. After acting for some time, at the request of the King of Saxony, as Director of the hospital at Leipsic, he accepted the professorship in the University of Vienna, which he retained till his death.

MARRIED.

FORD—RAMSDELL—May 4, 1871, by the Rev. Mr. Dickinson, Mr. Frank L. Ford, of Claymont, Del., and Miss Justine Adele, daughter of Dr. George Ramsdell, of Chester township, Pa.

PAXSON—RODMAN—In this city, on the 16th inst., at St. Stephen's church, by the Rev. Dr. Rudder, William Paxson, of New York, and Elizabeth M., daughter of Lewis Rodman, M. D., of this city.

PRICE—TEW—In Cincinnati, May 11th, at the residence of George W. Tew, Esq., by the Rev. R. Irvin, Dr. S. Clark Price, and Miss Clara A. Tew, all of Kansas city.

SHAW—TRIMBLE—May 16th, by Rev. Dr. Stearns, John Shaw, of England, and Helen Kent, daughter of Dr. J. P. Trimble, of Newark, N. J.

VALENTINE—TOUNSEND—May 11, at Church of St. John Baptist, by Rev. C. R. Duffie, D. D., assisted by Rev. S. H. Tyng, D. D., George F. Valentine, of New York, and Julia M., daughter of James C. Tounsend, M. D., of Glen Cove, L. I.

WHITESIDE—HEDRICK—At the residence of the bride's parents, in Cincinnati, by H. A. Nelson, D. D., on the 10th inst., Dr. M. L. Whiteside, of Illinois, and Carrie S. Hedrick.

WINNIE—GUNN—In New York, May 18, 1871, by Rev. Thomas S. Hastings, D. D., assisted by Rev. Dr. Rankin, Rev. C. Willard Winnie and S. Isabella Gunn daughter of the late George O. Gunn, M. D., all of New York.

ZARTMAN—ARNOLD—On April 28th, at the residence of the bride's father, by the Rev. Mr. Bryant, D. K. Zartman, M. D., and Miss Mollie F. Arnold, both of Burlington, Ind.

DIED.

BAKER—In this city, on the 16th inst., after a lingering illness, Annie C., wife of Dr. Charles S. Baker.

BARTLETT—At Minot, Maine, April 25, Frederick Bartlett, M. D., at the advanced age of 85 years, born at Plymouth, Mass., Nov. 11, 1786. He was beloved as a physician and Christian gentleman, and admired as a polished and elegant scholar. Four of his intimate friends, all exceeding 80 years of age, were pall-bearers to his rave.

BIGELOW—At Mt. Gilead, Ohio, May 4th, Mrs. Polly Bigelow, widow of Dr. Israel Bigelow, aged 74 years.

DUDLEY—Near Paxton, Ill., May 7th, 1871, Dr. George W. Dudley, Second Assistant, Iowa Insane Asylum, Mt. Pleasant, Iowa, in the 30th year of his age.

OWEN—At Louisville, Ky., May 3d, John David Owen, youngest son of the late Dr. J. H. and Martha Owen, in his 26th year.

FINLEY—In Cadiz, Ohio, March 27th, Maggie A., wife of John Hanna, and daughter of the late Robert Finley, M. D., in the 35th year of her age.

WATSON—In Newport, R. I., May 17th, Dr. Daniel Watson.

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Communications.

GASTRITIS WITH SINGULTUS.

By William Ekwurzel, M. D.,
Of Frankford, Pa.

I report the following complicated case partly on account of the resemblance it bears, in some respects, to a case reported by Dr. McCulloch, in The Reporter, No. 741; and partly because I think it may not be entirely devoid of interest to your readers generally. I will not take up valuable space with minute symptoms from day to day, but will give a condensed account, a bird's eye view, of the case from its beginning to its termination.

Was called, May 1st, to see Samuel B., carpet-weaver, æt. 40; temperate; complaining of pain in right side and slight headache. Was well as usual the day before, and had walked several miles to church and back, though he had "caught cold" in so doing. Regarding his general health, was told that he had for over a year past suffered pain and uneasiness in epigastrium; not influenced by taking food; total want of appetite, having to force down the little he did eat; able to work, fasting all day, and still have no desire for food at night. Found him poorly nourished, thin, bony; face pale, lips bloodless, nose pinched; expression haggard, stupid, as if laboring under some severe shock; never speaking save when spoken to, and then only answering in monosylables, and very slowly.

His general appearance was so suggestive of shock that I at once asked if he had had a fall, or a blow upon the head, but was told that he had not. Pain in the side constant, sharp; cough moderate; pulse, 100, soft, compressible; respiration, 22. Tongue heavily coated from tip to root; thirst urgent; patient motioning for ice water every two or three minutes; nausea and vomiting, the stomach rejecting everything but ice water, and sometimes that too. The vomited matters consisted mainly of greenish-yellow mucus, intensely bitter. Marked tenderness in epigastrium; bowels constipated; urine scant and high colored; skin dry; feet cold. Auscultation revealed feeble circumscribed crepitation in lower lobe of right lung; no perceptible dullness on percussion. Ordered appropriate external applications to side and epigastrium, a gentle aperient of potassæ et sodæ tart., and small doses of morphia to palliate pain and soothe the irritable stomach. Iced milk *ad lib.* In the afternoon his condition was the same. Treatment continued, with addition of enemata. At midnight was called to his bed side in urgent haste, and found him in the agony of the most horrible abdominal pain; at one moment doubling himself up into a ball, and the next throwing his arms about wildly, uttering pitiful groans. On pronouncing it hepatic colic, was informed that he had had the same affection on two former occasions. As his bowels had not yet been moved, I ordered an infusion of senna and manna with ginger, which acted within an hour. The pain was palliated by morphia for sixteen hours; when it ceased as suddenly as it had commenced. Directions were given to wash the dejections through a fine sieve or coarse cloth, with the view of finding the gall-stone. The next morning the nurse showed me at least a tablespoonful of *pieces of egg shell* that she had collected from two evacuations. Some were as large as a three cent piece, angular, with sharp corners; others smaller, of irregular shape, and the smallest pieces were

as fine as sand. The patient was in the habit of eating boiled eggs every morning, and was probably not very careful in removing the shells. The nurse at this point abandoned the search, and the stone was not found.

Now, what agency these angular pieces of egg-shell had in converting his chronic gastritis into a more acute form I am unable to say; but, be the cause what it may, the epigastric pain and tenderness, the urgent insatiable thirst, the nausea and vomiting, the greenish-yellow color, mucous character and bitter taste of the vomited matters, and the evident shock under which the patient labored, all pointed clearly and unmistakably to gastric inflammation, bordering certainly on the acute form of the disease.

The pain in the side and the vomiting disappeared gradually. The pulmonary inflammation was very limited in extent, no dullness being perceptible at any time; the cough was trifling, and he only expectorated a few rust-colored sputa.

On the third day the headache, which had been constant but not severe, became intolerable. Lights and sound annoyed him, and his conjunctivæ were injected. Moderate pressure over occipito-atloid articulation caused shooting pains to radiate all through the head. Ordered occiput shaved, and applied a blister extending well down over nucha. This gave prompt relief. Had already noticed some change in color of patient's skin, and the following day found him deeply jaundiced, and very weak. Pulse only 60, being kept down by the sedative action of the reabsorbed bile; I attributed the jaundice to the irritation and thickening of the ducts, caused by the passage of the gall-stone. From this time the bowels moved spontaneously from three to four times in the twenty-four hours. The evacuations were thin, clay-colored and very offensive, from the absence of bile. The patient was now attacked by that relentless demon, hiccough—threatening to wear out the little strength he still retained. Already exhausted by severe suffering, with sleepless nights and restless days; now racked and annoyed by this ever recurring spasm, my poor patient seemed but a short step from the grave. Every night it was thought would be his last; still, morning found him alive. For four long days and nights the hiccough held its sway, defying all remedies that I dared use. At the end of this time the acute gastric symptoms had so far subsided that I ventured to give a remedy that I had read of in The Reporter—mustard. A teaspoonful of yellow mustard was mixed in a tumblerful of warm water, strained, and administered. It had hardly been swallowed before it was ejected, and was followed by the severest retching I have ever seen. Some greenish masses of tenacious mucus, very bitter, were ejected. The hiccough was gone! In one hour, however, it returned, continued three hours, then left him, and has not since been heard from. If occasion ever offers I shall try mustard again.

The patient now began slowly to improve. The tongue began to clean; the evacuations grew darker; the appetite improved; the jaundiced color of the skin gave place to the more roseate tints of health; and on the thirteenth day of his illness he was sitting in a rocking chair, feeling "comfortable." On the eighteenth day he was able to walk out.

Concerning the treatment, it may be stated that the remedies employed were few and simple. All depressing agents were carefully avoided. Only the blandest and mildest remedies were used at first. After the more acute gastric symptoms had somewhat subsided, brandy was added to his milk, and he was ordered beef tea, farina, etc. From this time he took quiniæ sulph., gr. ij. ter die, and subsequently tinct. gent. comp., with minute doses of podophyllin.

In looking back over the course and termination of this case, the feeble condition of the patient at the start, and the many complications that arose one after another (at one time I began to think he was going to run through the whole nosology), we are forcibly impressed with the great restorative powers of nature, and the wisdom of abstaining from the use of powerful, depressing drugs where the vital powers are feeble, and life is threatened by asthenia. Had this patient been dosed with calomel at first, and during the time he was jaundiced, as many a one would have been tempted to do, instead of walking the earth and enjoying the bright light and pure air of Heaven, he would, to-day, have been food for the worms.

TOPOGRAPHICAL NOTES OF EAST TENNESSEE.

By F. K. Bailey, M. D.,
Of Knoxville.

So extensive is the territory embraced within the limits of our common country, that a great

diversity of climate is found to exist. Between the Canadas and the Gulf of Mexico, and the Atlantic and Pacific oceans, are found great extremes of heat and cold, aridity and humidity, as well as healthfulness and insalubrity.

The section known as East Tennessee is that part of the State which lies east of the Cumberland mountains, and borders on south-west Virginia and North Carolina. The northern limit is near the 37th parallel of latitude, and the south on the 35th. The geological formation is a little peculiar, the surface composed of ranges of hills and ridges running parallel with the Cumberland on the west or rather north-west, and the Unaka on the south-east.

These ridges and hills seem to be corrugations of surface produced by a folding upon itself of all the space between the greater ranges, and thrown up simultaniously with them.

It is well watered, not only by the Holston and French Broad rivers and their tributaries, but also by innumerable springs which gush out from the hillsides and give rise to little streams that water every farm.

The valleys are narrow, and consequently no marshes are found. In the upper and higher portions, the streams abound in brook trout. The mean elevation is more than one thousand feet above the level of the sea. The latitude, taken in connection with its altitude, indicate that the climate is equable.

From the meteorological record kept at the East Tennessee University, located at Knoxville, for January, 1868, we have the following facts: Mean temperature for said month, at 7 A.M., 32° 45′; at 2 P.M., 37° 56′; at 9 P.M., 35° 12′. Mean temperature for the month, 35° 05′. Coldest day, January 30th, mean temperature, 20° 16′. Warmest day, January 7th, mean temperature for 24 hours, 52° 06′. The extremes of temperature for the whole of 1868, were 14° and 92°. Mean for whole year, about 60°. It is rare for the mercury to sink below 10°, or to rise above 95°. From 30° to 35° may be assumed as the mean of winter, and from 65° to 70°, the mean of summer. During the month of January, 1869, there were fifteen days fit for plowing. It will be seen then that East Tennessee occupies a mean between the extremes, which tends greatly to comfort and happiness.

According to reports in the census for 1850 and 1860, it will be seen that our percentage of mortality was lower than that of any other section east of the Rocky Mountains.

From personal observation during a period of nearly four years, I can assert that this is emphatically a healthy region.

Malarious influences are unknown, except along the banks of the largest rivers. The diseases are simple in character, and sthenic in type. During the winter and spring months, pneumonia and rheumatism are somewhat prevalent.

Remittent fevers are most common, but occasionally they will assume a simple continued type. Typhoid fevers are rarely seen.

Bowel complaints in summer are not prevalent. Cholera infantum is comparatively rare.

Diseases of the lungs prevail a good deal among the colored population, and although tuberculosis is often met with, still most of the pulmonary diseases in the colored are rapid in their progress, and commonly known as quick consumption. Some of the old resident physicians characterize it as "nigger consumption."

In 1868 I knew three sisters, all mulattoes, to die within six months. Since January last, in another family, first an old woman died, next a granddaughter, and thirdly, a few days ago, a daughter and mother of the second. These were all unmixed African. In all the six cases cited there was rapid disintegration of lung tissue, and mostly supervening upon pleuritis. By reason of the equable climate as well as salubrity of this region, it is beginning to attract attention as a health resort. In cases of miasmatic disease acquired in the Mississippi valley, no region can afford better promise of recovery. A few months residence in this mountain air will accomplish more than any antiperiodic medicines.

Chronic disease of the abdominal viscera will soon yield to its influence, unless structural lesion has commenced.

In no form of diseased action is improvement more obvious than in asthma. Although a few cases are seen among the native population, still I have not known of an instance where a person laboring under this distressing disease was not benefited by a residence here. I will cite a few marked cases: 1. A lady of over sixty came here in 1868, from Southern Ohio, who had been a sufferer for many years. An improvement was soon felt, and at present she is troubled scarcely at all. 2. A young married lady, from the Western

Reserve, Ohio, came here in 1866, who had suffered from childhood with a very severe form of asthma. After about two years the disease began to yield, and for the last thirty months she has had but few attacks. At two different periods she visited Ohio, but was attacked almost immediately after arriving at her old home. For the last six months she has had no symptoms. 3. A gentleman came here during the year 1870, from Maine, who was so enfeebled from the effects of asthma that he was almost breathless after climbing a flight of stairs. Now, he is not only free from the disease, but is robust enough to engage in the sale of agricultural implements without any inconvenience. There are numerous persons here from different States north of the Ohio river who formerly labored under some threatening of pulmonary disease, and in most instances a marked change for the better is obvious.

Many who are in good health come her to spend the winter, and avoid the cold of a northern latitude, and become satisfied with the climate. There are very many persons who, having arrived at middle age, begin to feel that the long winters of New England are telling upon their health.

And, while the winters here are mild, the summers are no warmer than in the Middle or Western States. Although at mid-day the sun's rays fall much more vertically than at the North, still the nights are cooler than in Illinois. After 10 o'clock there is no trouble about sleeping on account of the heat. A single fact bearing upon natural history may answer many a query in the minds of some of our northern people: This is that no mosquitoes are found here, except in the lowest places along rivers.

Mineral springs are numerous among the mountains, which have acquired a local reputation for the cure of many chronic diseases. The waters contain iron, sulphur, and numerous saline substances.

In conclusion, I will remark that probably no region of country east of the Rocky Mountains, can surpass in salubrity of climate, and the beauty and variety of natural scenery, that portion embraced in Northern Georgia, East Tennessee, S. W. Virginia, and Western North Carolina. The subject of change of climate as a curative measure in disease has not received the attention of American physicians, that it has in England. Americans generally, either by choice or compulsion, will remain where their business interests are, but the subject of climatic causes in the production and cure of disease begins to attract attention in our country. Until very recently the change of residence has been upon nearly the same parallel of latitude. The people of New England and the Middle States, in their migrations merely went West on the same line. They changed a hilly region for one of prairie, or level wood land. So far as the mean temperature was concerned, but little difference was found.

In regard to healthfulness, there was no improvement. In fact, the change was for the worse. Individuals and families went from a healthy mountain home to one of pestilential miasm. What they gained in fertility of soil they lost in physical suffering every Autumn, with no amelioration in regard to the degree of cold in winter. From a combination of causes which all are familiar with, the way now is open for a turning of the tide southward. Our New England friends can find among the mountains of this region of country a home nearly resembling that of their birth, and avoid the severity of a northern winter.

Again, the climate of the region mentioned above in this communication nearly resembles that of many portions of Southern Europe. The people of Switzerland and South Germany can find an atmosphere and soil similar to that of their own country. According to my own personal observation, no nationality suffer more from diseases peculiar to the great Mississippi valley than the Germans. Still, when our Teutonic brethren arrive at our coast, they at once seek the Great West as the only region ready to receive them. If that people can be directed southward, they will find a country at once healthful, and adapted both to their physical condition and natural tastes and preferences.

May, 1871.

Medical Societies.

AMERICAN MEDICAL ASSOCIATION.

The Twenty-Second Annual Convention of the American Medical Association was commenced at Pacific Hall, in San Francisco, on the 2d instant. The meeting was called to order by Dr. Stout, of San Francisco, Chairman of the Committee of Arrangements, who introduced the President, Dr. Alfred Stillé, of Pennsylvania.

The proceedings of the Association were opened with a prayer by Rt. Rev. Bishop Kip.

Dr. Stout then at some length welcomed the visitors from other States to California.

After the transaction of some routine business, Dr. Stillé delivered the Annual Address, of which the following is a brief synopsis:

After referring to the first organization of the Association in the City of New York, just a quarter of a century ago, and to the attempt then made by certain selfish and wicked persons to strangle it at its birth, the speaker remarked that when these events took place California had but recently been brought within the boundaries of the United States, and, almost unknown to those who dwelt beyond her borders, seemed destined to perpetual isolation. The contrast between her then rude state and her present wealth and culture was cited as justifying the anticipation that her future progress would be equally rapid, and that her sons would excel their eastern brethren in scientific investigation, as her giant vegetation exceeds that of other soils. The advance of medical knowledge beyond the superstition of former days, and the ingratitude of the public toward our profession, were touched upon, as well as the difficulties encountered by the Association in its efforts to hasten the progress of popular and professional enlightenment, and more particularly in its hitherto fruitless endeavors to elevate the standard of medical education. It has been wisely said that "all real reforms in the world must rest upon a sober recognition of the facts of life." Blindness to such facts, in the present instance, must be held accountable for the failure of all the efforts that have hitherto been made for medical reform. One of the facts to which we are blind, is, that as a nation we are still immature, and composed of elements so mobile and fleeting that the population of a place to-day is quite different from what it was a score of years ago, and from what it will be in another decade or two. Hence the idea of fine property, of attachment to localities, of permanent interests and relations, and especially of transmission from generation to generation of definite systems or principles, is as rare in the United States as it is usual in the old world, where the modifying influences of centuries have been required to mould society into its present form.

The minute, extensive and prolonged studies which are made necessary for the exercise of a profession in Europe, are just as natural to the European state of society as the brief apprenticeship and superficial attainments which we require are in harmony with the rapid development and the instability of our social sphere. Even in our oldest cities, where a certain degree of permanence exists in the constitution of society, the establishment of an University upon the European mould would be simply impossible. The very first condition of its success would be wanting, for no candidate for admission to its classes could be found sufficiently skilled in science and letters to enter at once the higher departments of culture in these branches of knowledge. Such an institution abruptly transplanted into our midst would be oddly out of place. We all know how beneficently and peacefully democratic political principles have ruled this country, not only since the revolution, but virtually from the very planting of the colonies; and we know equally well that the abortive attempts of enthusiasts to build up European Republics upon and with the ruins of empires, form the saddest and most instructive chapters of political history. It has been said of nationalities, and it is just as true of scientific professions, that they cannot be made to order—"they are not in the nature of manufactured articles at all." They must grow. The idea of development in education is just as natural and as necessary as it is in the growth of an organic being. Systems of education, no more than men, spring full-grown into existence. He showed that nevertheless great progress had been made in medical education, in illustration, models, etc., in didactic lectures, and in the superiority of the clinical lectures of the present day; and he believed that still greater progress would be made. He then asked: Why, then, is it that although the profession and schools are agreed in the essential principles involved in the problem of medical education, so little should be practically done to solve it? And his answer was, first, the number of medical schools which rendered unanimity almost impossible. Next, the dependence of the professors upon their class-fees, which, of course, almost compelled them to adopt measures which would attract students to them; next, the reluctance of faculties of colleges to try any experiments which might, if unsuccessful, permanently injure the colleges with which they were connected; and, in illustration, he cited the case of a college which had endeavored to insist on a longer term of study, but which was at length compelled by competition to at last relinquish the idea. He hoped, however, for the correction of this evil by natural laws in process of time. The speaker then devoted some time to discussing empiricism and science in the treatment of disease; lamenting the prevalence of quackery, and the lack of protection and encouragement for conscientious, scientific physicians.

Another disease has become epidemic. "The woman question," in relation to medicine, and is only one of the forms in which the *pestis muliebris* vexes the world. In other shapes it attacks the bar, wriggles into the jury box, and clearly means to mount upon the bench; it strives thus far in vain, to serve at the altar and thunder from the pulpit; it

raves at political meetings, harrangues in the lecture room, infects the masses with its poison, and even pierces the triple brass that surrounds the politician's heart.

To the vulgar apprehension nothing seems more natural than that women should be physicians, for is not nursing the chief agent in the cure of disease, and who is so fit to nurse as women? The logic is worthy of its subject, and is of the sort in which Eve's daughters excel.

That it is in the province of women, or, if the popular but deceptive phrase be preferred, that nature destined woman to be nurses of the sick, is as certain as that they are intended or fitted to be mothers. That they were also intended to be teachers of the young, is not less certain than either. Nor are any of these propositions more self-evident than that if the functions of parturition were always as naturally and easily performed by the civilized as by the savage female, male obstetricians might be dispensed with, and students in our medical schools would have the burden of their studies materially lightened.

But the claim of the midwife to supersede the obstetrician, and bring back the "good old times" when obstetrical science was unknown, rests upon the very narrow foundation of an *if*. Neither gestation nor parturition is so uniformly normal that society can afford to risk the lives of its mothers and infants by abandoning them to the abstract and negative mercies of an *if*.

For a long time upon the continent of Europe midwives have received a special medical education, and the names of Boivin, La Chapelle, and others among them, testify to the eminence they have gained in this department of medicine. Yet even in France and Germany the law requires that no female shall perform a serious obstetrical operation without the advice and assistance of a physician. In other words, the law recognizes the efficiency of the female practitioner only so long as no conditions arise which involve grave responsibility, and it therefore implies her incompetency to deal with such conditions.

Upon the ground, therefore, of these precedents alone, it may, and, indeed, must be admitted that women who pursue the same studies, and are subected to the same tests of knowledge as are required of men, have the same legal right as men to practice physic.

The transposition of functions in the moral or in the social world produces an unnatural being who is a satire upon its proper sex, contemptible as man, and as woman odious. The effeminate male and the viraginous female are alike monsters in the social sphere. Certain women seek to rival men in manly sports and occupations, and the "strong minded" ape them assiduously n all things. In doing so they command a sort of admiration such as all monstrous productions inspire, especially when they tend toward a higher type than their own. But a man with feminine traits of character, or with the frame and carriage of a female, is despised both by the sex he ostensibly belongs to and that of which he is at once a caricature and a libel. In every department of active life man excels woman—excels her even in things for which she is esteemed most fit.

In the arts of design, in painting and sculpture, no woman (albeit the artist's career has always been open to her) has ever risen far above mediocrity, while men have excelled women in not a few employments which are regarded as especially feminine. In the art of cooking, for example, no woman ever occupied the first rank, and in more than one capital of Europe male hair-dressers and dressmakers set the fashions in which court ladies and city dames contend for the palm of beauty.

If the views are just which have now been very imperfectly stated, it follows that the right of women to study and practice medicine, and their claims to professional courtesy and assistance should be recognized; but it does not follow that their claim to attend the medical lectures of the schools and hospitals should also be admitted. These institutions have hitherto been devoted to the instruction of males alone, and if the students in them complain that their instruction is curtailed and their privileges abridged, and their rights infringed by the presence of women; and if the teachers find their liberty of speech and illustration restrained, their presence of mind disturbed, and their sense of decency shocked by female spectators, it needs no argument to prove that the interests of those who constitute nine-tenths of every medical class should be first of all considered, even if it led to total exclusion of the remaining tenth.

The concluding portion of the address was devoted to a much needed warning against the too free administration of alcoholic stimulants.

The reports of committees were as follows:

On Cultivation of the Cinchona Tree—Dr. Lem. J. Deal, Pa., Chairman. Committee reported progress, and was continued.

On Inebriate Asylums—Dr. C. H. Nichols, D. C., Chairman. No report.

On Institutions for Inebriates—Dr. Joseph Parish, Pa., Chairman. No report.

On the Structure of the White Blood Corpuscles—Dr. J. G. Richardson, Pa., Chairman. Committee continued.

On Vaccination—Dr. Henry A. Martin, Mass., Chairman. Continued.

On the Comparative Merits of Syme's and Pirogoff's Operations—Dr. Geo. A. Otis, U. S. A., Chairman. No report.

On Lithotrity—Dr. E. M. Moore, N. Y., Chairman. No report.

On Veterinary Medicine—Dr. S. D. Gross, Pa., Chairman. No report.

On Protest of Naval Surgeons, etc.—Dr. W. S. W. Ruschenberger, U. S. N., Chairman. Dr. Pinkney, against whose views the protest was directed, was, after considerable discussion, allowed to read his answer. A motion was made to refer both protest and answer to the Committee on Publication, but they were finally, by a majority vote, laid on the table.

Committee on National Medical School—Dr. Francis Gurney Smith, Pa., Chairman. Report received and referred to Committee on Publication.

On American Medical Association Journal—Dr. James P. White, N. Y., Chairman. No report.

On Criminal Abortion—Dr. D. A. O'Donnell, Md., Chairman. Received and referred.

On Nomenclature of Disease—Dr. Francis Gurney Smith, Pa., Chairman. Granted further time.

On National System of Quarantine—Dr. J. C. Tucker, Cal., Chairman. Passed for the time; will be called for again.

On what, if any, Legislative means are expedient and advisable to prevent the spread of Contagious Diseases—Dr. M. H. Henry, N. Y., Chairman. Continued.

On Renewal of Prescriptions by Apothecaries without Authority. Dr. J. O'Sullivan, N. Y., Chairman. No report.

On American Medical Necrology—Dr. C. C. Cox, D. C., Chairman. Continued.

On Medical Education—Dr. Ely Geddings, S. C., Chairman. Report forwarded with a letter, in which Dr. Geddings says he "neither expects nor hopes for any good" from his report. The report was made the special order of business at 11 o'clock the next day.

The Medical Literature—Dr. P. G. Robinson, Missouri, Chairman. No report.

REPORTS ON CLIMATOLOGY.

Maine, Dr. J. C. Weston, no report; New Hampshire, Dr. P. A. Stackpole, no report; Massachusetts, Dr. H. I. Bowditch, no report; Rhode Island, Dr. C. W. Parsons, no report; Connecticut, Dr. J. C. Jackson, no report; New York, Dr. W. F. Thomas, reported progress; New Jersey, Dr. C. F. J. Lehlbach, no report; Pennsylvania, Dr. D. F. Condie, no report; Maryland, Dr. C. H. Ohr, no report; Georgia, Dr. Juriah Harris, no report; Missouri, Dr. F. E. Baumgarten, no report; Alabama, Dr. R. F. Michel, reported progress; Texas, Dr. S. M. Welch, no report; Indiana, Dr. J. F. Hibbard, no report; District of Columbia, Dr. T. Antisell, no report; Iowa, Dr. J. C. Hughes, no report; Michigan, Dr. G. P. Andrews, no report; Ohio, Dr. T. L. Neal, no report; Dr. F. W. Hatch, California, report ready; referred to appropriate section; Tennessee, Dr. B. W. Avent, no report; West Virginia, Dr. E. Hildreth, reported progress; Minnesota, Dr. Charles N. Hewitt, report ready, and referred; Virginia, Dr. W. O. Owen, no report; Delaware, Dr. L. P. Bush, continued; Arkansas, Dr. G. W. Lawrence, reported progress; Mississippi, Dr. J. P. Moore, report ready; referred; Louisiana, Dr. S. M. Bemiss, no report; Wisconsin, Dr. J. K. Bartlett, continued; Kentucky, Dr. L. P. Yandell, Sr., continued; Oregon, Dr. E. R. Fisk, continued; North Carolina, Dr. W. H. McKee, no report.

SECOND DAY.

The Committee of Arrangements reported a list of duly accredited delegates to the number of nearly two hundred.

After some discussion concerning the admission of members by invitation from districts already represented in the Association, which question was finally settled in the negative, Dr. Yandell proceeded to read the report on Medical Education forwarded by Dr. Geddings.

Dr. Toner objected to the report on the ground that it was signed only by one member of the committee.

The Chair decided the point not well taken.

An appeal was taken, and the decision of the Chair sustained.

Dr. Yandell proceeded to read the report, which is a pamphlet of thirty-nine printed pages, but before he had concluded its reading, Dr. Gibbons moved that the further reading be dispensed with, and referred to the Committee on Publication, which motion, after a lengthy discussion, prevailed.

Dr. Gibbons, Sr., moved that the vote be reconsidered whereby the Committee on Vaccination was continued for another year, and that its chairman, Dr. Henry Martin, be removed, for the reason that he had written a communication to a homœopathic journal in Massachusetts, attaching to it his official signature.

Dr. Storer suggested that the matter be referred to the Committee on Ethics.

Dr. Dawson said that the article was an insult to every member of the Association, and moved that Dr. Martin be expelled as a member of the Association.

Dr. Bibb offered an amendment that a committee of three be appointed to prefer charges against the gentleman.

It was finally resolved to refer the matter to the Committee on Ethics, which was then appointed by the Chair, consisting of Drs. Gibbons, Davis, Smith, Toner and Parsons.

On motion of Dr. Stout it was resolved to refer all questions implying accusations to the Committee on Ethics without discussion.

Dr. Logan presented a report from the Committee on Prize Essays, who state that they had received five essays, and that they award the first prize to E. R. Taylor, of Sacramento city, for his essay on the "Chemical Constitution of the Bile," bearing the motto, "Divide et impera."

The second prize was awarded to B. M. Howard, of New York (winner of the first prize last year), for his essay on "The direct method of artificial respiration for the treatment of persons apparently dead from suffocation by drowning, or from other causes." Motto, "Festina lente."

The report was adopted, and the Committee requested to hold all essays at the disposition of the authors.

Dr. Davis then presented a lengthy report from the Committee on Legislation and Correspondence for action, and submitted the following resolutions, which were adopted:

Resolved, That each State and local Medical Society be requested to provide, as a permanent part of its organization, a Board of Censors for determining the educational qualifications of such young men as propose to commence the study of medicine, and that no member of such societies be permitted to receive a student into his office until such student presents a certificate of proper preliminary education from the Committee appointed for that purpose, or a degree from some literary college of known good standing.

Resolved, That a more complete organization of the profession in each State is greatly needed for the purpose of affording a more efficient basis, both for educational and scientific purposes.

Resolved, That a committee of three be appointed for the purpose of continuing the correspondence with the State Medical Societies, and of asking their earnest attention to the foregoing resolutions, in addition to those submitted for their action in 1869.

Dr. Moore, of St. Louis, offered a resolution that all medical colleges charge $100 as the fee for a course of lectures, and that a forfeiture of this rule shall subject such college to no representation in the Convention. After a protracted discussion the resolution was voted down, on the ground that quality of education does not depend on price.

THIRD DAY.

In the absence of Dr. Stillé, the chair was taken by Dr. Henry Gibbons, Sr., of San Francisco.

The reports of the Committee on Publication and of the Treasurer were received, the latter announcing a balance on hand of $704.32, and reiterating the annual appeal that the Association exercise economy in referring matter not of real value to the Committee on Publication.

The Librarian's report shows no material addition to the 339 volumes which formed the stock of the library last year, except in the accumulation of medical periodicals.

A report was received from Dr. J. L. Atlee, delegate to the Association of Medical Superintendents of Institutions for the Insane, and an address from Dr. Curwen, the representative of that Association.

Dr. Storer said that at a previous meeting the question of having the Association devoted specially to the treatment of the insane meet in closer relations with the American Medical Association was discussed. And the sense of the meeting always favored the "close relations." He would then offer the following resolution:

Resolved, That the Association of Superintendents of Institutions for the Treatment of the Insane and the American Medical Association should be more closely united, and that the meetings of the two associations should be held at about the same time and at the same place. Adopted.

The report of Dr. Pinckney, U. S. N., on Naval Medical Affairs, submitted last year, was presented and referred to the Committee on Publication, as was also a report by Dr. Barber, of Yreka, on fracture of the neck of the femur in a child seven years old.

The Chairman of the Section on Materia Medica and Chemistry, Dr. Yandell, reported having received a valuable paper from Dr. Gibbons, of Alameda, entitled, *The Botany of the Pacific Coast.* The paper was accompanied by one hundred and eighty specimens of indigenous plants, etc., and would certainly be considered a valuable contribution to the science of medicine.

The committee moved that the paper be referred to the Committée on Publication.

Dr. Gibbons arose and requested that the recommendation of the committee be withdrawn. The paper was not complete—not as perfect as he could make it by additional work.

On motion, a vote of thanks was passed, and the paper returned to its author for completion.

Dr. H. R. Storer, of Massachusetts, presented a verbal report of his visit to the Canadian Medical Association, highly eulogistic of the culture and ability of our Northern brethren.

The Committee on Nominations presented the following list of officers for the ensuing year:

President, Dr. D. W. Yandell, of Kentucky; First Vice-President, Thos. M. Logan, of California; Second Vice-President, C. L. Ives, of Alabama; Third Vice-President, R. M. Michell, of Alabama; Fourth Vice-President, J. K. Bartlett, of Wisconsin Assistant Secretary, D. Murray Cheston; Librarian, F. A. Ashford, Philadelphia; Treasurer, C. Weston, Philadelphia. Next place of meeting, Philadelphia.

On motion of Dr. Davis the report was accepted, and the officers unanimously accepted.

Under the head of unfinished business an amendment to the Constitution, offered at the last meeting of the Association by Dr. Hartshorne, of Philadelphia, was taken up for consideration.

The proposed amendment is embodied in the following resolution:

Resolved, That the Constitution shall be so con-

strued as not to exclude delegates from Female Colleges.

Dr. Harding, Indiana.—I move the adoption of that resolution, and would like to make a few remarks pertinent to the question which is termed vexatious. It has been before this Association repeatedly, year after year, and the time has now arrived when it should be definitely settled. I can see no good reason why females should not be allowed to practice as physicians—can see no good reason why, when practicing physicians, they should not be admitted to this Association as delegates—when qualified. They have arrived at that point when their professional ability and zeal cannot be ignored, even by those who claim to have the least respect for them. You all realize the necessity for taking action in this matter, and that speedily; for your professional duties have brought you more or less in contact with female physicians. These women have combated against all opposition; have overcome nearly every obstacle thrown in their path, and now simply ask a recognition from us—a mere recognition of them as physicians and not interlopers. Gentlemen, you cannot give them the cold shoulder; such a course would be entirely inconsistent with the profession in the estimation of intelligent, right-minded people. You cannot shift the responsibility of the occasion by placing the question in a false position, even were any of you so disposed, but must consider it impartially. With me it is not simply—"Shall we admit the women as delegates," but "Is it not for the interest of the profession to aid them in every possible manner?" Suppose that we refuse their applications, what may be the result? Instead of harmony in the profession we shall have strife, and the legitimate practice of medicine will be endangered. If we refuse the women admission, we shall drive them into homœopathy, etc. Let the women come in; open the Colleges to them; dash down the barriers, and all will be well. [Applause.]

Dr. Davis, Illinois—I hope that the question will not be disposed of until the Association understand its full meaning. What does the proposed amendment mean? Gentlemen, it means that the delegates from female colleges—whether male or female—are eligible to become members of this Association. Thus far, they have sent a male representative, but if we adopt this proposed amendment the door will then be thrown open to females, and these females will undoubtedly come in. But pause, and think for a moment. Has the time come when you are willing to throw aside all distinctions as to sex? Will that time ever come? Is there no difference between the sexes? And are we to forget all distinction, because of popular clamor? I make no comparisons as to the merits of the relative sexes for the medical profession; but I say, gentlemen, "Let the female remain in her sphere, and I will remain in mine." [Applause.] I will say to her, "You no more can do the work designed for me than I can do the work designed for you." Woman has her sphere; man has his sphere, and the assumption that woman rises when she unsexes herself I claim to be eroneous. But if we are to admit of the change; if woman is to step into every profession, then she will take the shape, the plan, and the rough work of man—who will admit such work to be within her sphere? The Creator has given the sexes distinctive features, and intended us for different spheres. This fact is unmistakable. Woman, pure woman, may be a power in the land—in her sphere. Then let her not mistake her sacred mission as wife and mother, as the light of the household. Let us not yield to the cry of "Woman's rights, as now construed. I have had women at the clinical basin, stripped a patient before them, made examinations and remarks, conducted myself with the same freedom which characterizes the ordinary clinic, coversing about the case, and explaining all its important points. But, gentlemen, after all my experience, I am more firmly convinced than ever that it would be better for these women if they remained in their sphere. [Appiause.]

Dr. Donahue, of Ohio—I move that the resolution be tabled.

The motion was withdrawn.

Dr. King, of Pennsylvania, made an able, elaborate address in behalf of the amendment. Not being a speaker, he did not propose to say much, but he wanted the question settled. In his own local society the question had been defeated and defeated year after year, and it was getting troublesome. It was beneath the dignity of an association of learned and scientific men to war with women. (Hisses.) If they must exercise their bellicose propensities, they should enlist under General Crook, to fight the Apaches. Gentlemen had talked about the sphere of woman. Would these gentlemen be a little more explicit in their definition of the meaning of the word sphere? Perhaps they would take India for their standard—where the women were treated as brute animals—

> "Doomed by the law of man to toil,
> Yoked to the plow and fettered to the soil"

Let them assist in lifting up the women, if they considered her degraded. Some gifted minds had handsomely termed her "the ministering angel." That sounded well—smacked of euphony—but according to their definition, it was not practical enough. Could she not be a ministering angel, and also a physician? Oh, no; she lacks the intellectual capacity for such a purpose. She is weak and silly, and cannot grasp the science of medicine. "We have the intellect; we can grasp," said the

speaker. Why, he had examined the records of the Female College of Philadelphia, and knew what he was talking about; knew that the women had made rapid strides in the profession, and that many of them were skillful practitioners. If it was consistent with the code of ethics, and he believed such to be the case, the women should certainly be admitted to the Association. As the case now stood, a member of the medical association could not recognize a female as a member of the profession; could not consult with her. If he was summoned and found a woman had charge of a case—what could he do? According to the law of the Association he must say to her, "Walk out of this house, and let me take exclusive charge of this case." The speaker would rather remove his right arm than perform so mean an act. As the case now stands, he could not consult with the President of the Association, the eminent Dr. Stillé, and this because the doctor was consulting physician in the Philadelphia Female Medical College. Under the present *régime*, if the Association consulted with its President, it stultified itself. [Applause and hisses.]

Dr. Henry Gibbons made a brief speech upon the question. He favored the amendment; believed that women had a perfect right to practice medicine, but did not think mixed colleges healthy. He believed that his residence upon the verge of the continent, away from the turmoil and strife over the woman question in the east, qualified him to consider the matter dispassionately. He was astonished at the course of his old friend Dr. Davis, and the *ad captandum* argument he presented. The question being one of vital importance demanded serious consideration at the hands of the members.

Dr. Johnson, of Missouri, opposed the amendment. He contended that the women should organize their own associations, and manage their own affairs. His remarks were listened to with attention, and warmly applauded.

Dr. Atlee, of Philadelphia, favored the amendment, making an able speech in its behalf.

A. L. McArthur, of Illinois, favored the education of women for physicians, but was opposed to the amendment. The idea of the two sexes operating at the same dissecting table was revolting. [Applause] The speaker also opposed the mixture of the sexes in colleges.

Dr. Thomas, of Pennsylvania, the delegate from the Woman's Medical College, stated that the ladies whom he represented had no desire that the sexes should be educated in common. No male students were admitted to their college or to their hospital. Their object in applying for recognition from the Association was simply to avert the unfairness and illiberality with which they have been treated by medical societies. In some places respectable members of the profession dare not consult with women. In the speaker's own city the County Medical Society established this rule, and it was afterward adopted by the State Society, visiting with expulsion any member who should even consult with a man who met women in consultation or taught them medicine. Members of the Pennsylvania Society dare not consult with Dr. Stillé, the President of the Association. In some other States the situation is nearly the same. Dr. Thomas's constituents were called to attend difficult cases, and desired, like every practitioner, to have consultation; but they were not only refused consultation but injured in the estimation of their patients by having it said that their diplomas were not recognized by the Association. He would like their graduates of the past year to be put through the same examination as the graduates of other colleges, to decide whether or not they were fitted for equal rights in the profession with men. The speaker then cited the names of distinguished physicians in New York and Boston who are in daily association with women as consultants or teachers.

Dr. Moore, of Massachusetts, had no objection to women in the abstract, but did object to admitting them into the Association. They might have an association of their own if they wanted to; and he therefore moved that the whole subject be inefinitely postponed.

And on vote being taken it was so ordered.

FOURTH DAY.

The following resolutions were offered by Dr. T. M. Logan, and adopted:

WHEREAS, The science of hygiene and its corollary preventive, or State medicine, are subjects eminently congenial with the purposes of this Association, inasmuch as they have for their objects the preservation of human life, and the removal of those causes of disease and death which it is in the power of legislation to ameliorate, if not eradicate; and whereas the great fundamental idea that was made the prominent element for medical association, and that led eventually to our national organization, was a higher standard of medical education; and whereas the present system adopted by our colleges provides more and more satisfactorily for the thorough qualification of the graduate, as regards the principles and practice of his art, but does not provide at all adequately for the special study and cultivation of questions of State medicine; therefore be it

Resolved, That this Association recommends a distinct and separate chair of hygiene, independent of physiology, to be established in all our medical schools, and constituted a requisite curriculum preliminary to that diploma which confers one of the highest honors of the profession.

Resolved, That the inauguration of the enlarged philanthropic policy of State medicine in Massachusetts and California is worthy of our special approbation, and commends itself to other States for imitation; and, therefore, the President of this Association is hereby authorized to nominate at this session, a Committee, consisting of one physician from each State in the Union, to memorialize the Legislatures of all the other States to follow the example

of one of the oldest, most enlightened and conservative, as well as one of the youngest, most progressive and enterprising members of our glorious confederacy, who have led off in the right way, and at the right time, for the prevention of disease and the correction of "those multitudinous agencies, whether physical, whether moral, whether born of earth, of air, or of society, which are either openly or insidiously degenerating the human race."

Resolved, That this Association further recommends that initiative steps be taken, as soon as six States shall engraft State Medicine upon their statute books, for the formation of a "National Health Council," whose objects shall be the prosecution of the comparative study of international hygienic statistics, and the diffusion and utilizing of sanitary knowledge; and that said Council shall be aided and assisted by this Association in using whatever influence may legitimately lay in their power, with foreign States, as well as with the medical profession and the people generally, in securing coöperation in the ends and objects of public hygiene.

Resolved, That said National Health Council, although thus organized as a branch *per se*, shall be auxiliary to this Association, and shall constitute a special section on hygiene, to which all questions germane to this department of medicine shall be referred. "Only," to use the language of the great Virchow, "by thus working harmoniously together, by thus mutually enlightening each other, will the State gain an organ to which may be safely entrusted the solution of the great question of our time, viz.: bodily and mental health, and development of future generations.

After the adoption of a list of officers of sections and committees for the ensuing year, Dr. O'Donnell, of Maryland, presented resolutions condemnatory of abortionists, which were adopted.

Surgeon J. M. Browner, U. S. N., returned thanks on behalf of the Naval Medical Staff for the aid extended to them in the recent contest with the Line.

Dr. McArthur moved that Dr. Toner be requested to furnish to the Association a list prepared by him comprising the names of 60,000 American practitioners.

Dr. Atlee offered the following resolution:

Resolved, That the American Medical Association acknowledges the right of its members to meet in consultation the graduates and teachers of Women's Medical Colleges, provided the Code of Ethics of the Association is observed.

Dr. Storer protested against a revival of the discussion on this topic.

Dr. Johnson favored the resolution, which was intended merely to enable the physicians of Pennsylvania to consult with women, and with the President of the Association.

Dr. McArthur said that the Code of Ethics of the Association did not prohibit consultations with women, and that the proposed resolution was therefore a work of supererogation.

Dr. Gibbons insisted that there was much occasion for action when the President of the Association stands in the preposterous attitude of a man tabooed from consulting with members of the State Society.

Dr. Storer moved to lay the resolution on the table. Lost.

Dr. Davis thought it was a question only of tweedledum and tweedledee.

Dr. Cole moved an adjournment until eight o'clock, p. m, which was carried.

EVENING SESSION.

Dr. Storer opened the debate by stating that he had for several years been associated with female physicians, and become convinced that the best portion of the community have less confidence in female than in male practitioners. Granting that some women may have ambition and ability to attain the same professional education as men, their condition varied from month to month, and the average woman was inferior to the average man in the matter of judgment.

Dr. Atlee said that before the obnoxious regulations were passed in Pennsylvania, he had met with female physicians, and had therein felt more elevated, perhaps, than with the majority of male physicians with whom he had associated. If women were inferior to men, we had nothing to fear. It sometimes looked to him as if some men were afraid women would take away their practice. Humanity demanded that we should aid a female as well as a male physician who has a difficult case, and asks a consultation.

Dr. Jones, of Ohio, followed in a similar strain, as did also Dr. Gibbons, Sr., whose remarks were met with hisses, and other manifestations of the superior intelligence and good breeding of male practitioners.

Dr. Stillé wished to correct some errors which had been advanced in the discussion. He said: A statement that has been made through inadvertence is, that the Society—by which is meant, I presume, the Medical Society—the Societies of Philadelphia have enacted a law forbidding their members to consult with female practitioners of medicine. Now, that is not a correct statement. The County Medical Society has passed resolutions of that sort. But there is another Society in Philadelphia, which has existed for more than a hundred years, and which is known to many of the members of this body as the College of Physicians of Philadelphia, the oldest society of the kind in the conntry, and which includes all that is eminent, all that is renowned, all that is useful in the medical profession, and excludes all that have not some decided professional claim to membership. Now, that body decided, when this question was brought up, differently from the County Medical Society. It turned it out of doors, and left everybody to do as seemed good in his conscience. So it should be understood that, in Philadelphia, it is only a particular society—the

County Medical Society—and not the College of Physicians of Philadelphia, that has adopted such an illiberal course. I have the honor to be one of the members of that College of Physicians, and one of the censors of that Society, an office which I have held, if I remember rightly (after having had the honor of being President for eight or nine years), certainly for seven years, I am familiar, therefore, with all that has has been done upon this question in the County Medical Society, because it was likely to come before the Board of Revision to which I refer; and not a single member of that Society has dared to test the question before the Board of Censors. They have passed in the Society a resolution condemning the consulting with female practitioners; and there they have stopped. If I may speak for myself, I will say they have known that I have done so, and others whose names, if I were to mention them, would be familiar to the ears of all of you, have consulted with female practitioners. Some of those gentlemen, when they found they were acting in opposition to the rules of the County Society, withdrew from its fellowship, and others did not hesitate to consult with female practitioners and defied the Society to enforce its rule. I repeat that it is only the Philadelphia County Medical Society which has adopted such a rule, and it is a question upon which the Board of Censors has never been called upon to pronounce.

Dr. Atlee asked if the College of Physicians was represented in the State Medical Society, and being answered in the negative, said:

The County Society, and not the College of Physicians, then, is represented in the State Medical Society; as the College of Physicians consists of the more respectable members, and a greater number of them, than in the County Society, it should be represented in preference. I believe that it is a fact. And yet this County Society being represented, the State Medical Society puts a ban upon any physician who consults with a female practitioner; while the College of Physicians, the most respectable in the United States, as the President tells us, leaves that matter to the Code of Ethics. The County Medical Society, the inferior body, so read the Code of Ethics as to prohibit any man from consulting with them. It is under this state of facts that we call upon this body for relief. I am a member of both the County Society and the College of Physicians, and I feel that I am authorized to state that it is only by the action of the County Medical Society, an inferior organization, that we are placed in this predicament, from which we ask relief.

Dr. Wetherly advised non-interference, and moved the indefinite postponement of the resolution, which motion was carried.

Dr. Storer then moved that the Association express its dissatisfaction with the course of gentlemen who set at defiance the regulations of their local and State societies in such matters, which was also indefinitely postponed.

Votes of thanks were passed to the officers of the Association, to railway companies, individuals, and organizations, for courtesies extended, and after some remarks by Dr. Davis, concerning the pleasantness and good feeling existing throughout the session, the Association adjourned.

Editorial Department.

Periscope.

Styptic Wool.

The following is quoted from the *Lancet* by the *American Journal of Dental Science:*

Dr. Ehrle, of Isny, in the interest of his countrymen wounded in the present war, desires to make known a very simple preparation of wool that he has found very serviceable in arresting hemorrhage after operations or from wounds. To prepare it he boils the finest carded wool for half an hour or an hour in a solution containing four per cent. of soda, then thoroughly washes it out in cool spring water, wrings and dries it. The wool is thus effectually purified, and is now capable of imbibing fluids uniformly. It is then to be dipped two or three times in fluid chloride of iron diluted with one-third of water, expressed and dried in a draught of air, but not in the sun or with high heat; finally it is carded out. Thus prepared, it is of a beautiful yellow color, and feels like ordinary dry cotton wool. As it is highly hygroscopic, it must be kept dry, and when required to be transported must be packed in caoutchouc or bladder. Charpie may be prepared in a similar manner, but on account of its coarse texture is not so effective as cotton wool, presenting a less surface for coagulation. When the wool is placed on a bleeding wound, it induces moderate contraction of the tissue, coagulation of the blood that has escaped, and subsequently coagulation of the blood that is contained within the injured vessels, and thus arrests the hemorrhage. The coagulating power of the chloride of iron is clearly exalted by the extension of its surface that is in this way affected. The application of the prepared wool is

not particularly painful, whilst, by sucking up the superfluous discharge and preventing its decomposition, it seems to operate favorably on the progress of the wound. The unpleasant secondary results that have led many practical surgeons to discard the use of the pechloride of iron do not occur with the wool when it is properly made and applied. In cases of wounds where the bleeding proceeds from large and deep seated vessels, it may be used as a compress, a bandage being applied over it, or the wound may be plugged with it. It may also be employed with advantage in cases of profuse suppuration, to imbibe the discharge and purify the surface. He recommends that a small portion should be given to every soldier on going into action.

The Treatment of Hæmoptysis.

We find the following in the *Practioner:* Dr. WATERS records a series of cases illustrating various forms and modes of treatment of hæmoptysis. He remarks that, considering the frequency of this symptom, it is only in a small proportion of cases that it proves fatal—the patient dying suddenly from the profusions of the hemorrhage and consequent suffocation, or sinking more or less rapidly from exhaustion. Whenever it is only slight during the progress of a case of phthisis, he is of opinion that no special treatment need be directed to it; should it be, however, at all severe, rest should be enjoined, and no risk run by which an inflammatory attack might be brought on. In regard to the various measures that are usually resorted to, he considers the best remedy to be used is gallic acid, as being the safest, the most rapid, and the most effectual. It should be given in full doses of not less than 10 grains every hour, or every two, three or four hours, according to the severity of the case. It is readily taken by patients; it rarely disagrees with the stomach, and is well borne by delicate persons. It rapidly finds its way into the urine and is excreted. Acetate of lead, especially when combined with opium, is often of great service. He usually gives it in the form of pill, in two or three grain doses, every two, three, or four hours, but it should not be too long continued on account of its constipating effects. Sulphuric acid is a good remedy in slight cases of hæmoptysis, and it may be combined with other substances, as quinine and iron, which are given for the general treatment of the disease. It should be given in doses of from 10 to 30 minims. Dr. Waters' experience of the use of ergot of rye in pulmonary hemorrhage is not very favorable. In severe cases of hæmoptysis he always applies ice to the chest: it should be included in a bag, and not allowed to remain so long as to produce a chill. In regard to digitalis, as far as his experience goes, he is unable to recommend it as a trustworthy remedy in hæmoptysis. He occasionally prescribes dry cupping, but never fails to give stypsics internally at the same time. He gives a caution against the indiscriminate administration of purgatives. Turpentine he considers to be less valuable in hemorrhage from the lungs than in hemorrhage from the bowels. The room should be kept cool and well ventilated; the food should consist of iced beef-tea and milk, and small pieces of ice given the patient to suck. (*British Medical Journal*, March 11, 1871.)

In a note upon the above lecture in the following number of the same journal, Dr. GODDARD ROGERS, whilst agreeing for the most part in the estimate of the relative value of the various remedies therein mentioned by Dr. Waters, for the treatment of hæmoptysis, remarks that alumen exsiccatum and diluted acetic acid are worthy of mention, and that as long as 1858 he himself called attention to the very marked efficacy of the so-called tannate of alumina in spitting of blood. Iron-alum, a sulphate of peroxide of iron, and a sulphate of alumina or potash, is perhaps a still more powerful astringent. The dose should not exceed three grains to begin with. Ruspini's styptic also deserves a passing notice.

Detection of Blood Stains.

Iodine of potassium dissolves traces of blood, even from clothing which has been thoroughly washed, but hæmin crystals cannot be obtained from the solution.

Gunning has discovered, in the acetate of zinc, a reagent that precipitates the slightest traces of the coloring matter of blood from solutions, even where the liquids are so dilute as to be colorless Blood, washed from the hands in a pail of water, can readily be detected in this way. The flocculent precipitate, thrown down by the acetate of zinc, must be washed by decantation, and finally collected on a watch glass, and allowed to dry, when the microscope will readily reveal hæmin crystals, if any blood be present. This test has been repeatedly tried, with entire success.

Artificial Production of Coniine.

It is said that Socrates terminated his life by drinking coniine, extracted from the poisonous hemlock, *Conium maculatum*. The oily liquid is highly poisonous, and closely resembles the nicotin obtained from tobacco. The artificial preparation of this body has more than ordinary interest, as it suggests the possibility of our being able to make other alkaloids, such as quinine, morphine, and the like; and if we can succeed in this, why not prepare the less complex compounds, sugar, starch, etc? The coniine was prepared by Hugo Schiff, by heating alcohol and ammonia at 210°, together with butyraldehyd, precipitating with a platinum

salt, and distilling the product. The artificial alkaloid exhibits the same properties as the native. It is a violent poison, and in other respects is analogous to the extract from hemlock. As the first step in the synthesis of vegetable alkaloids, the discovery of Professor Schiff is one of the most important in modern chemistry.

Artificia India-Rubbr.

Prof. SONNENSCHEIN has discovered that an elastic mass resembling caoutchouc may be obtained by combining tungstate of soda with certain organic substances. If tungstic acid or tungstate of soda be added to glue, and afterward muriatic acid, a compound of tungstic acid glue is precipitated which is so elastic at 85-105° F., that it can be drawn out into very thin fibres. On cooling, the mass becomes very solid and brittle. It is proposed to employ this substance in the place of the costly albumen for mordanting cotton, especially for aniline colors.

The same material has been used in tanning leather; but this became hard as stone, and consequently unsuitable for ordinary purposes. By adding tungstate of soda and muriatic acid to a solution of gelatine, and heating the precipitate, a substance is obtained which may be used as a putty or cement in many cases.

THE child of a tobacconist named Lee, keeping a shop in Brownlow-hill, Liverpool, says the *Sheffield Times*, was taken ill of small-pox, and after a short illness apparently died. The body was laid out, and after the lapse of three days was placed in the coffin, when, to the surprise of all around, it uttered a cry, and awoke from what appeared to be a mere lethargy. The recovery, however, was not final, for in a few days afterward the child actually died.

Reviews and Book Notices.

BOOK NOTICES.

Minnesota: Its Character and Climate; Likewise sketches of other resorts favorable to invalids; together with copious notes on health; also hints to tourists and emigrants. By Ledyard Bill. New York: Wood & Holbrook. 1871. pp. 204.

Minnesota as a Home for Invalids. By Brewer Mattock, M. D. Philadelphia. 1871. J. B. Lippincott & Co.; St. Paul: D. D. Melville, Randall & Co. 1871. 1 vol., 12mo., pp. 200.

The author of the last mentioned volume is President of the Board of Health, St. Paul, Minn., and already somewhat known as a writer upon the climate and advantages of Minnesota. We should be glad to add that his work is a valuable addition to our books on medical climatology; but it has not so impressed us. On the contrary, it is in labored praise of the author's locality, slurring defects, exaggerating its merits, and what is still less excusable, depreciating invidiously all other competing health resorts. The latter trait is carried to such an absurd extent that the author actually asks credence for the following and similar statements: (The italics are his own.)

"Experience has taught us that the South *is no place for an invalid*, no matter what the disease. It is contrary to reason, to pathology—it is at variance even with the teachings of good sense." Yet trash of this kind he asks even physicians to accept!

A fair specimen of his reasoning may be seen in chapter iii, where he compares other climates, Madeira, Mentone, Malaga, etc., with Minnesota. He carefully quotes whatever drawbacks honest and intelligent observers and peevish invalids have remarked in these climates, and then proceeds to hold them in unfavorable comparison with Minnesota. The tone of the whole book is more similar to that of an ingenius advertisement than of a careful, unbiased treatise, and one feels very certain on laying it down that did Dr. Mattock practice in any other State he would have written a different and much better book on the subject.

While it is open to the serious objections we have thus stated, it also contains much useful information, statistical and sanitary, and will in many respects be found a convenient hand-book to the invalid tourist, who wishes to know something about the northwest.

The work of Mr. Bill is, however, much superior as a guide-book, and, in that respect, the best that has yet appeared on the locality of which it treats. He speaks from personal observation, and gives practical particulars, such as prices and routes, which are what the traveler wants to know. His fault is a weakness for second-hand moralizing on matters of health, and a leaning to the hobbies of the "hygienic school," of which he is evidently a member.

The chapter on "Hints to Invalids and Others" contains quite an amount of such padding, to which blank pages would have been preferable. That the use of pork "undeniably produces cancer" (p. 138), that pies are a "pestilence," and "cakes a curse" (p. 136), that scrofula "may be directly traced" to wearing night-caps (p. 153), are specimens of the many puerilities that chapter contains. Mr. Bill can write a guide-book, and a good one, but when he assumes to play the medical adviser he but adds another to the many examples of shoemakers beyond their lasts, and detracts just that much from the worth of his productions.

MEDICAL AND SURGICAL REPORTER.

PHILADELPHIA, JUNE 3, 1871.

S. W. BUTLER, M. D., D. G. BRINTON, M. D., Editors.

☞ Medical Society and Clinical Reports, Notes and Observations, Foreign and Domestic Correspondence, News, etc., etc., of general medical interest, are respectfully solicited.

Articles of special importance, such especially as require original experimental research, analysis, or observation, will be liberally paid for.

☞ To insure publication, articles must be *practical*, *brief* as possible to do justice to the subject, and *carefully prepared*, so as to require little revision.

We particularly value the practical experience of country practitioners, many of whom possess a fund of information that rightfully belongs to the profession.

The Proprietor and Editors disclaim all responsibility for statements made over the names of correspondents.

THE AMERICAN MEDICAL ASSOCIATION.

The meeting which was held this year in San Francisco, and which we report in the present number of THE REPORTER, seems to have been pretty much what it was last year—a scene of bickering, prejudice and parliamentary disorder. The secular press of San Francisco, hospitably inclined as it was to make the best of everything, and to wink at allowable peculiarities, appears to have been unanimous in condemning the spirit which *governed*—if it did not pervade—the Association.

The President, Dr. ALFRED STILLÉ, commenced the proceedings by an address which brought into prominence precisely those questions which were the cause of so much wrangling last year, and which most of the working members would gladly see eschewed altogether. Whether this was meant as a deliberate throwing of the glaive to all opponents, it is difficult to see, but it had this effect, and on the third and fourth days the time of the Association was largely occupied in mooting this unpleasant point.

A discussion on ethics occupied a goodly portion of the second day, the charge being that a member had written for a homœopathic journal—not, however, that he had written in favor of homœopathy, for this was not the case.

As for the scientific part of the meeting, the proceedings of the sections, to which we naturally turn with a sigh of relief after reading the minutes, they make but a poor appearance. Of some twenty committees, only two or three sent in reports. That on Medical Education was forwarded with a letter from the chairman, Dr. GEDDINGS, of South Carolina, mournfully stating that he "neither expects or hopes for any good" from his labors in that field.

The resolutions of Dr. T. M. LOGAN deserve careful reading, and if the Association were fulfilling its right mission, we should see them soon take effect over our country; but we venture to predict that as they will neither serve to stimulate prejudice nor glorify individuals, nothing will be done with them.

The discussion of the woman question had one result which we were pleased to note; that is, it placed in its right light before the whole profession of the United States the petty and cowardly position assumed and now held by the Philadelphia County Medical Society on that subject. If that society has any self-respect, we should think it would extricate itself from the most unenviable and derogatory bondage in which it now is through the action of a minority in its membership.

In closing these few remarks, we have to acknowledge our indebtedness to the New York *Medical Gazette*, from which we have taken the minutes of the meeting, our own correspondent having failed to remit us in time.

THE MEDICAL ASSOCIATION OF THE DISTRICT OF COLUMBIA.

The intolerance and bigotry of the medical profession are favorite topics with the New York *Tribune*, and we are very sorry when it has any support for such charges. In a late number, the Medical Association of the District of Columbia comes in for notice. The first grievance is, that it is a "close corporation." Well—is not every society a close corporation, having a perfect right to choose its own members, and make its own regulations? True, these regulations are open to criticism, and they are sometimes very absurd. But we are bound to admit that in this instance some of the New York *Tribune's* criticisms are in our view too well founded.

1st. We do not believe that any medical society has a right to make a regulation forbidding any of its members from consulting with any physician who is not a member, or to recognize such as a reputable practitioner on pain of expulsion. If the Association of

the District of Columbia have such a by-law, it should be repealed at once.

2d. We do not question the abstract right of the Medical Association of the District of Columbia to reject an applicant for membership merely on account of the color of his skin, but it is neither democratic, nor in accordance with the principles, which in every other country actuates the votaries of science. Education, attainments and regularity, and not the color of the skin, should be the tests.

3d. One applicant for membership, Dr. C. C. Cox, was rejected on a new, and we must say rather an extraordinary, ground. It seems that Dr. Cox is a member of the Board of Health, and that Dr. VERDI, a homœopathic practitioner, is also a member of the Board. They choose to construe this into consultation with an irregular practitioner. Ridiculous! Would they reject a man because he attended a patient in the same house in which a homœopath attended one—or put up at a hotel at which a homœopath put up? Surgeon General BARNES, and other prominent men of the profession, attended Secretary SEWARD when he was attacked by an assassin, though Dr. VERDI was the family physician, and, it was charged at the time, attended the honorable Secretary at the same time, though not in consultation. What did the Medical Association of the District of Columbia do about that? Are Surgeon General BARNES and other army medical officers in Washington members of the Association, and do its members consult with them? The fact is, the action of the Association in Dr. Cox's case, we believe, was disingenuous. They have a special grievance against Dr. Cox, and *anything* will serve some of the members—we scarcely believe a majority of them on a full vote—as an excuse for voting against him.

We wish that the Medical Association of the District of Columbia would yield to the dictates of reason and common sense, on two or three points that have, of late, placed it in a very undignified position before the medical profession and the public

Notes and Comments.

State Medical Society Meetings.

Vermont Medical Society.—The semi-annual meeting of this Society will be held at St. Albans, on Wednesday and Thursday, June 7th and 8th, commencing at 11 A. M., on Wednesday. The accommodation trains from Rutland and Northfield reach St. Albans in season for the opening. The semi-annual address by the Vice President, Dr. A. J. HYDE, of Hardwick, will be delivered Wednesday evening. Papers on various medical subjects are expected from different members of the Society throughout the State. We urge all the members in the State to attend and take part in the proceedings.

New Hampshire Medical Society.—The State Medical Society of New Hampshire will meet at Concord on the 6th and 7th of next month.

Medical Society of Pennsylvania.—The twenty-second annual session of this Society will be held at Williamsport, June 14th.

An Important Expedition.

Dr. F. V. HAYDEN, U. S. Geologist and Professor of Mineralogy and Geology in the University of Pennsylvania, is about leaving for the West, to commence his explorations for this season. He expects to start from Ogden, Utah Territory, and will go into the Yellowstone country. He takes with him this year, from Philadelphia, CHAS. S. TURNBULL, M. D., as surgeon; GEO. B. DIXON, M. D., as assistant photographer, and A. C. PEALE, M. D., as mineralogist. These gentlemen are graduates of the University of Pennsylvania, of the class of 1871.

Medical Board.

A Medical Board, to consist of Surgeons T. F. MCPARLIN and Assistant Surgeons VAN BUREN HUBBARD and W. E. WATERS, has been ordered by the Secretary of War to convene at West Point on the first of June, next, for the examination of the graduating class of applicants for admission.

The Religious Press and Quack Advertising.

The late Prof. R. D. MUSSEY, M. D., of Cincinnati, a man distinguished alike for his medical and surgical abilities, and for his piety, would not take, or allow to come into his house, a religious paper that contained quack advertisements. Yet this class of advertisements seems to be the pap on which some of our religious papers live, and they seem to be always ready, besides, to give the puff editorial. The *Independent*, of New York, an otherwise excellent, and certainly well-edited paper, is given to quack advertising. It recently issued an extra edition of 100,000 copies for distribution as specimen numbers, making, probably, a total edition of over 150,000 copies for that week, requiring for the issue "more than thirty tons of white paper." The opportunity was too good a one to be lost by quack advertisers, one of whom, who may now rejoice in the title of "prince of empirics," spread

himself to the extent of a whole page. Nor was this all—the editorial column of the paper had a mawkish, sickly, crawling, cringing sketch and puff of the great mogul who had paid it so much hard cash, that was quite incongrous with its name. Thus our "religious papers"

> "Crook the pregnant hinges of the knees,
> That thrift may follow fawning,"

The Circulation of The Reporter.

A circular sent out from this office, in which we claim that THE REPORTER goes to "every State and Territory of the Union, and to many foreign countries, and its circulation never increased so rapidly as it is doing now," reached WILLIAM WOOD & Co., Publishers, of New York. They have returned the circular to us with those words erased, and the memorandum in the margin, "Is this *certainly* so? W. W. & Co." In answer, we have simply to say that we are not in the habit of claiming what is not true, and if WILLIAM WOOD & Co. really have doubts of the truth of the statement, we are ready to prove it from our mail-books.

We hope they can say as much of their excellent bi-monthly, the *Medical Record.*

[The above delicate compliment was paid us while we were confined to bed by sickness, or it would have received an earlier notice.]

Chloroforming.

A Baltimore surgeon scouts the idea that men can be chloroformed while awake, insisting that no man wide-awake and sober can possibly be chloroformed without his acquiescence, unless forcibly held; and that, even if a sober man were asleep, the irritation of the air-passages caused by the chloroform would almost certainly rouse him.

Well taken! Statements are frequently made to the effect that persons have been robbed, women outraged, and various other villianies performed, while the only excuse given to account for the opportunity was that a handkerchief with chloroform on it was flirted in the face! This is nonsense! It cannot be done. Surgeons find that in the most susceptible cases, with the anæsthetic closely applied to the nose and mouth, some time must elapse before the party becomes unconscious. Some other theory must therefore be started to account for outrages committed when such an excuse is given.

Small-Pox in New York.

If a shrewd empiric should advertise a cordial or syrup—only $1 a bottle—which he claimed was a sure preventive of small-pox, how eagerly it would be bought up and how rapidly, for a time, would the empiric's fortune grow! Yet the medical profession has a sure preventive of small-pox in vaccination, and it is next to impossible to get the public to avail themselves of it. Consequently we are obliged to read such reports as the following from New York:

The Register of Records reports the total number of deaths from small-pox last week (ending May 20) 21, of which 19 occurred at the hospital. During that period the vaccinating corps visited 7,298 families and vaccinated 1,957 persons therein. Children vaccinated in the public schools, 3,223. Total vaccinations for the week, 5,180. Of these, 619 were primary, and 4,561 secondary. The number of patients in hospital to-day is 131.

Concerning the ravages of the disease in European cities, with which we are in constant communication, the Register says:

"While small-pox in New York is fluctuating with a tendency to decline, in London it has been manifesting renewed activity, its fatal cases during the week ending May 6th having reached 288, the highest weekly number attained in the present epidemic, and almost three times as great as the largest number returned in any week of the several outbreaks between 1840 and 1871. During the week mentioned it produced 55 deaths in Liverpool, 22 in Southampton, and 16 in Newcastle-on-Tyne, the other large cities of the United Kingdom being almost exempt from it. Its persistency in London and Liverpool is remarkable. It likewise continues very prevalent in Brussels, where, during the week ending April 29, it caused 40 deaths.

"We are apprised by the resumption of Dr. ZUELZER'S returns from Berlin, so long iterrupted by the war, that Berlin also has been suffering from the ravages of small-pox, which, during the week ending the 4th instant, occasioned 98 deaths out of a total of 523, in a population of about 800,000."

Garretson's Diseases and Surgery of the Mouth, Jaws and Associate Parts.

It is with great satisfaction that we learn from the publisher of the marked success of this work—the demand growing for it from the day of its publication. What this book is may very well be understood from Dr. Willard's reports of the "Author's Clinics." It tells in a way that anybody can easily understand all about the diseases of the parts treated of—passing step by step from a simple toothache to the most complex features of oral surgery. We cannot but express the trust that each of our readers has it upon his library shelves.

More Progress.

At the recent meeting of the Alumni Association of the City of New York, resolutions were offered complimenting the Faculty on the advance movements made by them in medical instruction, and respectfully submitting to the Faculty the questions of the expediency of still further advancing the cause of medical education, by an increase in the length of the regular winter session, and the division of the students into junior and senior classes.

Extraordinary Longevity of Physicians.

Of thirteen Fellows of the New York Academy of Medicine who have been elected to preside over that body, nine have been removed by death. The average age of these departed Presidents, at the time of their decease, was seventy-five years, and excluding one who died prematurely, of malignant disease in his fifty-ninth year, their average age was seventy-eight years.

☞ The author of the first article in THE REPORTER of last week is *H. L. W.* Burritt, and not *Elihu* Burritt, as printed.

Correspondence.

DOMESTIC.

A Therapeutic Science.

EDS. MED. AND SURG. REPORTER:

The repeated editorial remarks, original contributions and clippings in your much valued paper (without which I would not be, except I wished to lose all hold upon the progress of the healing art,) touching upon special remedial agents, or upon the consideration of a therapeutic science, have caused the enclosed sketch.

Professor P. D. DRAPER, in his last valedictory, told clearly how far we are justified in speaking o a therapeutic science: "Gentlemen," he said, "you enter upon the pursuit of your profession with twenty remedies for each disease; but you will soon find that you have twenty diseases without any remedy." The uncertainty in regard to this subject is owing, I think, to the great range that is given to the action of many remedies. We speak of restoratives acting upon the blood; of agents counteracting scrofula; of tonics, eliminants, astringents, etc., and would wonder how small a part of the body is affected, little deserving such circumscribing names. It would, even for therapeutics, be of advantage if we would put at the heading of our articles Harvey's great words, only modified as follows: "*Omne vivum et morte é cellâ nati sunt.*" (Even as to the smallness of such productions.) Then we would not only have the groundwork for physiology and pathology, but also the text to therapeutic science.

As death is the other pole to life, and the stations between, the different degrees of health and disease, it is certain, provided both are attributes of a cell, that health and disease must be found in the cells only, and that therapeutics find their province in the cells of organs, and not in the organs themselves. The lung is not diseased, but the cells constituting the lung matter, the mucous membranes, and the mass of the nerve and blood vessels. We find, in the one case, many medicines to cure the lung disease, but in the latter only one remedy (or its substitute, it being the same, except by name,) either *pro* or *con*.

I cannot help but assert the following:

1. That all organs of the body must be present, if only in a rudimentary form, when the fœtus commences to receive its food through the mother.

2. That the future nourishment of every organ is regulated by the different degrees of porosity existing in the cell walls of its cells.

3. That such nourishment, together with the contents of the cells, constitute the different cells of the body, consequently forming the different organs also.

4. That nothing will interfere with the physiological function of the cells (excretion and secretion), except it enter them and mingle with their contents (excepting their natural food be below or above the desired supply).

5. That any substance entering the cells, either by itself or through its combination with the cell contents, will create disease if it cannot be thrown off through its excretory channels.

6. That the disease will exist as long as such excretion cannot be effected, and if not at all, death will follow. (That is, of the cell, and perhaps as a consequence death of the whole body.)

7. That no matter can be a remedy, except it act as a dilatory to the excretory channels of the cells.

8. That the action of a medicine of necessity a mixture of one or two agents will be complete, if it restricts the entrance of foreign matter to the cell contents.

9. And that the cell-health is restored if such restriction does not hazard the admission of matter normally necessary.

10. *All medicines act either as restrictors or as dilators to the cell walls, after having entered such cells*, the action being created by themselves, or as a production of their combination with the cell contents.

Permit me to think that the last assertion does cover the action of all and every remedial agent, and if such be the case, may I not justly expect that a hold is given to scientific men to form a "Therapeutic Science?" Respectfully yours,

A. S. V. MANSFELDE, M. D.

Chicago, Ill., May, 1871.

Carbolic Acid Applied to a Burn.

EDS. MED. & SURG. REPORTER:

Feb. 20, 1871, 9 A. M., a colored boy, æt. 4, was severely burned by his clothes taking fire. When called, I took a vial containing carbolic acid and soon arrived. Both hands were burned to a blister, and the right wrist and forearm were also involved.

Saturating cotton batting with a solution of the acid, I wrapped the burnt surface completely, and fastened it by means of stockings drawn up above the elbows. Within half an hour the pain was so much relieved that the sufferer went to sleep. On the 22d removed the dressing from the right hand; found no appearance of inflammation. For a week or two I changed the dressings once in two or three days, after which they were not touched oftener than necessary to apply clean bandages. Although the right wrist was very deeply burned, and so as to interfere with the muscles and tendons pertaining to the movement of the little finger, healing went on rapidly. There was strangury on the second day, but no other general disturbance.

As an anæsthetic it was very decided in its effects. But very little pus formed, and the parts were free from inflammation during the whole time occupied in healing. There was no disagreeable odor, although the injury was deep, and the denuded surface considerable. F. K. Bailey, M. D.

Knoxville, Tenn., May, 1871.

News and Miscellany.

Medical Society of the State of Pennsylvania.

The Twenty-Second Annual Session will be held at Williamsport, Pa., on Wednesday, June 14th, 1871.

All who desire to attend must send their names, *with stamp*, for excursion tickets to the Secretary.

Wm. B. Atkinson,
1400 Pine Street.

The Greene County (Pa.) Medical Society.

The Greene County Medical Society held its regular semi-annual meeting at the Downey House, Waynesburg, on the 9th inst. An election of officers took place, resulting in the election of P. L. Kramer, President; B. M. Blachley, Vice President; W. S. Throckmorton, Rec. Secretary; L. H. Laidley, Corresponding Secretary; D. W. Braden, Treasurer. Delegates to State Medical Society— D. W. Braden, J. B. Laidley, W. S. Throckmorton, P. L. Kramer. Alternates—Geo. W. Moss, John A. Stone, B. M. Blachley, Geo. F. Birch.

The Society held both a pleasant and profitable meeting.

New York Ophthalmic and Aural Institute.

The Board of Trustees of the New York Ophthalmic and Aural Institute, No. 46 East Twelfth street, held its second annual session on May 15th, and listened to the reports of the officers, as follows:

The Dispensary has been conducted purely as a charity. The number treated was 3,115, of whom 2,466 had diseases of the eye, and 646 diseases of the ear, showing an increase over the first year of 70 per cent. In the Indoor Department, which is not exclusively a charity, 256 patients were treated for severe diseases, the majority of which required surgical operations. The total number of operations was unexpectedly large, being 422 for diseases of the eye, and 34 for diseases of the ear—an increase over the preceding year of 100 per cent. Medical lectures have been given by the surgeon in charge, free to physicians and the students of all the Medical Colleges. The financial report shows a deficit of $5,000, which had been liquidated by Dr. Knapp from his private resources. The average attendance was 125, the number of new patients on some days reaching 30. The report was adopted with a vote of thanks to Dr. Knapp, surgeon in charge. Nelson J. Waterbury stated that had he secured from the State an appropriation of $2,000, and from the city a similar sum, making $4,000 in all, double the bequests of last year.

The officers of the Institute were reëlected for the coming year as follows: Frederick S. Winston, President; Dr. Gurdon Buck, Vice-President; Eugene S. Ballin, Treasurer; Philip Bissinger, Secretary.

Sanity of Ruloff the Murderer.

Drs. John P. Gray and S. Oakley Vanderpool, commissioners appointed by Gov. Hoffman to visit Ruloff in his cell and investigate the question of his sanity, reported May 12th. Ruloff did not anticipate their visit, and when told of their object said: "Gentlemen, this is no work of mine; I don't pretend to be either insane or an idiot. I am feeble in body, as you may see; but this has not affected my mind. The proposal of a commismission is no move of mine."

The report gives a minute description of his personal appearance and physical condition, and such an account of his history as he wished to narrate. He dwelt at length on all the attacks of illness which he had ever suffered. He did not think his health broken down. "I cannot," said he, "run three times across this room (about 30 feet) without feeling it greatly. I have been in this condition about 15 or twenty years, and particularly since 1853. I have palpitation of the heart and difficulty of breathing, and sudden and violent exertion sometimes throws me into convulsions. This latter state has existed for 15 or 20 years. I am now 50 years old, and since I was 35 this inability to endure fatigue has existed."

The examination then branched off to his philological studies, on which he dwelt at length. Ques-

tions were then put to decide his mental condition, of which the following are specimens:

Q. How do you account for the human mind, in reasoning, going beyond the necessities incidental to this life in its expression and contemplation, to seek a creating power? A. Mind expresses absurdities as well as truths.

Q. How can a mind act absurdly, if its existence be simply the result of a physical organization, that organization being necessarily governed by definite laws? A. If there were no possibility of error, there would be no need of mind to guide.

Q. What is the need of a guide when error has no responsibility—if, with the death of the body, all existence ends? A. This brings up the reserve question; I have the mystery of existence before me, in my judgment that is the end of speculation.

Q. Is speculation beyond that legitimate? A. It is as to possibility, but not as to probability of fact. Social duties remain even if you believe that death is the end.

Q. Do you owe any obligation to any being beyond this present life for conduct here? A. I feel the possibility of it, but the evidence before me is not sufficient to satisfy me that I do.

Q. Do you believe that there is any rule of action in the conduct of life that man can adopt which will enable him to appreciate his responsibilities or understand the relations that he may have to another world? A. Intelligence is the only guide.

Q. Do you believe that God has in any way revealed himself to man? A. As I come to see more of the wondrous relation of things the more the mystery deepens, but it does not help me to any conclusion. The idea of reward of meritorious conduct would prevent me from doing an act rather than the opposite. The word "reveal" has in my system of mythology given me great trouble for ten years, but now the truth dawns upon me.

Q. Is there any law then in this life, except civil law, by which we are held amenable for reward or punishment? A. Yes.

Q. Any reward or punishment that should come from any other being except man himself? A. I see the drift of the question. It involves the same mystery.

Q. Would the fact of another existence, and that existence one of rewards and punishments for your conduct in this life, make any difference to you in regard to your acts? A. No. I should do as I intended without regard to the existence of a God, or a Devil, a Heaven, or a Hell. I have felt this pride during my whole life. I never wished to get anything out of anybody.

"Your Commissioners, therefore," the report concludes, "in view of the examination, are of the opinion that Edward H. Ruloff is in sound physical health, and entirely sane."

Iowa State Medical Society.

The Nineteenth Annual Meeting of the Iowa State Medical Society was held in Des Moines, Iowa, April 19th and 20th, 1871. The number in attendance was unusually large, and all parts of the State were represented. Dr. S. B. THRALL, of Ottumwa, occupied the chair *pro tem.*; Dr. GEO. P. HANNAWALT, Secretary. Among the valuable papers presented were: On Medical Inhalation, by Dr. W. S. Robertson; The Endoscope and its Uses, by Dr. W. Peck; On the Use of Obstetrical Instruments, by Dr. J. W. H. Baker; On the Use of the Ophthalmoscope, by Dr. E. H. Hazen; Ethics, Dr. F. Lloyd; Anæsthetics, Dr. A. M. Carpenter; Carbolic Acid, Dr. J. H. Boncher; and On Insanity, by Dr. Williamson. Interesting verbal reports of special cases were made. Resolutions were offered by Dr. J. F. Kennedy, and unanimously adopted, approving the late organization of "The American Association for the cure of Inebriates," and adopting its "Declaration of Principles. The officers for the ensuing year are, *President*, A. G. Field, of Des Moines; *Vice President*, J. M. Robertson, of Muscatine; *Secretary*, Geo. P. Hannawalt; *Treasurer*, J. W. Sentine; and *Corresponding Secretary*, J. F. Ely. The next meeting will be held at Des Moines the first Wednesday in May, 1872. The proceedings throughout were harmonious, and in many respects it was one of the most interesting sessions ever held. REPORTER.

Des Moines, May 16, 1871.

Are Vulcanite Dental Plates Injurious?

This question is discussed by F. W. CLARK, S. B., in the *American Chemist:*

For two years past it has been my lot to lecture upon chemistry in the Boston Dental College. And, quite naturally, one of the questions which I am oftenest asked by unscientific friends is, whether the vulcanite plates upon which artificial teeth are set are injurious to health? The vulcanite being colored with vermillion, the popular prejudices against mercury are occasionally aroused with regard to it.

I have been in some measure forced to make inquiries in the matter. And for the benefit of those who may desire to know what little is known upon the subject, I have written the results of my inquiries.

In the first place, the question is not settled. Some hold that vulcanite plates are poisonous, while others believe them to be in all cases harmless. All I can do, then, is to balance probabilities. Now, there are some cases in which the wearing of a vulcanite plate has been attended by sore mouth. But, on the other hand, similar soreness, some dentists assert, is frequently caused by gold plates.

Unfortunately there are no statistics by which we can determine the relative values of gold and vulcanite as regards health. If it should be shown that gold plates produced soreness as often as vulcanite, then it would be clearly unsafe for us to ascribe the occasional ill effects of the latter to the mercury contained in it. It might be possible that some tender mouths would be irritated by any kind of plate.

Again, thousands upon thousands of vulcanite plates are worn, and the cases of injury are comparatively rare. Therefore it is well to bear in mind, in any case in which sore mouth *might* be ascribable to the mercury in the rubber, that it is quite possible that the soreness is due to some other cause. A man may have a sore mouth and wear a vulcanite plate, without the former being in any sense a consequence of the latter. There are such things as coincidences.

Taking all into account, then, it seems that there cannot be much danger in wearing vulcanite plates. That there *may* be some, I admit, but it is not proved that there is. It is certain that, in the vast majority of cases, there are no ill effects directly attributable to the mercury. Indeed, the metal is combined in such a form that it is hard to see how it should cause injury to any one. The sulphide is not likely to be attacked by the fluids of the mouth, and ought, theoretically, to be wholly inactive under the circumstances. Therefore, it seems to me, no person need reasonably be deterred from wearing a vulcanite plate by any fear of possible injury from it. The chances of injury, if any possibility of injury exists, are so slight that they may be practically disregarded. The most prudent people run greater risks of injury to health in their daily diet than they are ever likely to incur by wearing vulcanite.

The Strangers' Hospital.

The *New York Medical Journal* says:

In alluding to our new charities, we must not omit to mention this splendid institution, which has been erected and equipped by the munificence of a single individual, Mr. Keyser, of this city. This hospital is located at the corner of Avenue D and Tenth street, a portion of the city far away from the public hospitals, and yet crowded with a population compelled by their poverty largely to rely upon such institutions in case of sickness. The building will accommodate about two hundred patients, and, in its appointments, is certainly one of the completest hospitals in this city. Everything has been subordinated to the convenience and comfort of the patients, and it is doubtful if there can be found in the country any more perfect provision for ventilation, heating, and water-supply and waste than is to be seen here. All his work has been done under the personal, almost constant supervision of the donor, who, beside the expenditures necessitated in the construction and outfit, amounting to upward of one hundred and seventy-five thousand dollars, also provides the means for the current expenses of the institution. Such noble charity as this carries its own reward, and yet none the less on that account ought it to receive the commendation and gratitude of all classes and professions. The attending medical staff consists of Drs. F. N. Otis, T. G. Thomas, H. B. Sands and William H. Draper, assisted Drs. R. W. Taylor, James L. Brown, T. T. Sabine and E. C. Seguin. Dr. Samuel Kennedy is the resident physician. We think we are violating no confidence when we state that much of the admirable and complete arrangement of the institution may be credited to the labors of Dr. Otis, who, during the construction of the hospital, was in almost daily consultations with Mr. Keyser, giving him advice, derived from a large and ripe experience, as to the necessities and properties of a hospital building.

Abortionists in New York.

The *New York Medical Journal* says:

In the trial of one M. A. A. Wolf, a well-known abortionist, of this city, for inducing abortion, and thereby causing the death of a patient under his charge, the Assistant District Attorney (Mr. Fellows) thus pointedly referred to another well-known representative of this infamous class, who occupies one of the most palatial residences on Fifth Avenue:

"I have a right to refer to that den of shame in our most crowded street, where every brick in that splendid mansion might represent a little skull, and the blood that infamous woman has shed might have served to mix the mortar with which that palace of iniquity was built. When I see American mothers with servants in livery, and all the evidence of splendor and wealth, frequenting those bloody courts and contributing to keep up this woman in her extravagance and licentiousness, I, in common with my fellow-citizens, should become indignant at this blot on the otherwise fair name of our city. It is not so much that the crime exists, but that it is not the only crime in the catalogue which defies the courts and juries. If there is anything that adds to the atrocity of this crime, it is that the men and women who commit it take professional titles. What right has this infamous woman, by whose den of shame and blood we have to ride to get to the fairest scenes in our city—erected there as the old dragon's castle was, close by the gates of the fabled Eden—to take the title "madame" upon her lips! 'Madame RESTELL,' forsooth! Madame

Murderer, Madame Abortionist! And "Doctor" EVANS and "Doctor" WOLF—are they entitled to the name of doctor? Are they regular physicians? The defendant nods his head—then so much the deeper and darker, and more damning his iniquity."

We are pleased to learn that the defendant in this trial was found guilty, and was promptly sentenced to seven years' imprisonment in the State-prison at Sing Sing.

The Sanitary Commission.

The Sanitary Commission, appointed early last December to bury the dead around Metz, has completed its labors, having been hard at work during the last six months. The area under the charge of the Commission comprised a circle of nine miles radius, where 25,000 human bodies lay half, or not even half, buried, and where numberless dead horses were decomposing in the open air. The report of the Commission states that all the bodies have been carefully interred, and the graves properly disinfected with lime. The battle-fields were also plowed up and sowed with grain and pulse. The growing crops were mowed frequently, in order, by their rapid vegetation, to assist the decomposition of the animal matter. Extensive plantations of trees were also made around Metz to aid in removing the miasma. Four companies of German sappers and miners were engaged in the work of removing the bodies, and the graves were dug by companies of the landwehr.

Carbolic Acid in Plants.

Carbolic acid, it is reported, has been extracted from the "Andromeda Leschenaultii," a common plant growing abundantly on the Neilgherry hills, in the East Indies. The acid which has been extracted from this plant by Mr. BROUGHTON, the Government chemist, differs in some respects from that obtained from coal tar, being less deliquescent and far more pure. It is therefore believed that this new product would be an excellent substitute for ordinary carbolic acid for administration as a medicine. Although the plant is inexhaustible the process of extraction of the acid is costly, and this fact will interfere with its use. The East India Government, however, considers the discovery as important, since in case of war the supply of carbolic acid would not depend on America.

Northern Plants.

The active principles of plants, according to recent investigations, are more concentrated in the leaves of plants grown in cold climates where the vegetation is less vigorous, than in warm climates. In illustration, the well-known facts are cited, that tobacco grown in northern regions is stronger than the same plant raised in mild or tropical regions; and celery, it is stated, is affected in the same way by the influences of temperature and moisture.

QUERIES AND REPLIES.

Dr. W. C. P., of Ill.—We consider DA COSTA'S *Medical Diagnosis* the best work on that branch. Price, $6.00.

Dr. J. E. M., of Mo.—Cohen on Inhalation costs $2.50.

An Old Subscriber.—There is no late and complete monograph on Anæsthesia. The periodical press and standard works are very full upon it.

Dr. W. J. O of N. Y.—The so-styled "University" in this city you inquire about is entitled to no respect, and the book on medicine and surgery, published by its "Dean," is one we do *not* recommend.

Dr. J. F. P of Md.—The case of eversion of the limb, resulting from paralysis, could, undoubtedly, be benefited by a properly constructed orthopedic apparatus, but the child should visit the manufacturer, so that an appliance could be made to fit exactly.

Errata.

Dr. C. J. K. of Ills.—Occasional verbal errors are unavoidable in proof reading. Any important one, such as a mistake in a prescription, we will always correct as soon as pointed out. But slighter ones are best summed up in a list of errata at the end of each volume of a serial publication.

Mixed Liquors.

Dr. R. S. of Mo.—We do not see why taking different liquors, in rapid succession, should produce intoxication sooner than the same amount of alcohol imbibed in one form in the same period. We know there is a general belief that it does; but our experience is limited in such matters, and we hardly count ourselves first-class authority.

MARRIED.

BULL—BLONDEL—May 18, at Grace Church, New York, by Henry C. Potter, D. D., Richard W. Bull, M. D., and Miss Elizabeth Blondel, both of that city.

CLARK—ALDRICH—In Glover, Illinois, (?) April 30, Dr. E. W. Clark, of Charleston, and Isadore M. Aldrich, of Glover.

DE LUNA—NARAMORE—May 18, at the West Thirty-fourth Street Reformed Church, New York, by Rev. Isaac Riley, Abelardo B. De Luna, M. D., and Susie W. Naramore.

KISTLER—SEIBERLING—May 2, 1871, at the residence of the bride's father, by Rev. H. Fegely, W. K. Kistler, M. D., and Miss Emma C. Seiberling, of Seiberlingsville, Pa.

LAMME—ADAMS—By Rev. W. T. Adams, assisted by Rev. Samuel Wilson, D. D., and Rev. R. Conover, May 2d, in El Paso, Ill., D. W. Lamme, M. D., and Miss Jennie L. Adams, daughter of the officiating clergyman.

MOORE—GRAY.—May 4, 1871, at the residence of the bride's father, Mr. H. E. Gray, Oakland, Chester co., Pa. Dr. J. H. B. Moore, of Unionville, Chester county, and Ida J. Gray, of Oakland, Chester co., Pa.

PALMER—ALDRICH—By Rev. A. A. Dinsmore, April 12th, in Des Moines, Iowa, George A. Palmer, M. D., and Miss Julia M. Aldrich, both of Sweed Point, Iowa.

PIKE—LAWRENCE—By the Rev. Dr. Cunningham, on May 18th, at the residence of the bride's parents, Dr. Charles E. Pike and Miss Sallie Lawrence, all of Philadelphia.

TERBURGH—LOCKER—May 23d, in Harmar, Ohio, by the Rev. William Wakefield, assisted by the Rev. R. H. Wallace, Dr. S. J. Terburgh, of Pittsburg, and Miss Louisa W. Locker, of Harmar.

WEBER—SEISER—May 22d, by the Rev. W. J. Mann, D. D., J. Weber, M. D, and Miss Lavinia Seiser, both of this city.

DIED.

BACKUS—At Berlin, Prussia, on April 23d, John S. Backus, M. D., son of the Rev. John C. Backus, of Baltimore, Md.

FREEMAN—At New York, on Monday, May 21st, Ann E., wife of Norman K. Freeman, M. D., in her 53d year.

NASH—In this city, May 21st, Walter Greenleaf, only child of Dr. J. D. and Florence E. Nash, aged four and a half months.

NOBLE—In this city, May 21st, after a long sickness, Mary K., daughter of Dr. Charles and Adeline Noble, in the 30th year of her age.

ROGERS—In Cincinnati, May 19th, of pulmonary disease, Lelia T., eldest daughter of Dr. L. M. and Anna E. Rogers.

TARBELL—In Vassalboro', Me., Howard W., son of Maxamilla P. and Edward A. Tarbell, M. D., aged 3 months and 10 days.

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Original Department.

Communications.

IDENTITY OF ADDISON'S DISEASE AND DEGENERATION OF THE GASTRIC TUBULES

By D. T. Gilliam, M. D.,

Of Nelsonville, Ohio.

This is an idea not original with ourself, as any one acquainted with the medical literature of the day will readily perceive. Yet the idea is not new to *us*, although until recently it has taken no definite shape; and, in all probability, had it not been for some recent divulgements, it would have fallen, still-born, in the uncouth and malformed shape in which it first presented itself.

Happening to see an article in *The Practitioner*, of Louisville, by Prof. Austin Flint, on "Atrophy of the Gastric Tubules," in which he rather timidly advances the idea that there is a relation, more or less intimate, between the diseases in question, and cites one or more cases in point, we were forcibly reminded of a case of our own, occurring some time previously, and which we deem eminently illustrative.

There are, it is to be presumed, comparatively few medical men of our day who are willing to repose in the idea that the initial and essential lesion of the so-called Addison's disease is located in the supra-renal capsules. The reasons for this scepticism are very obvious. They are these:

1. Reasoning *a priori*, from a mere speculative point of view, it does not seem plausible that a gland of such diminutive size, and so apparently devoid of function, could from any amount of disorder or disorganization give rise to such grave results as we find in this affection.

2. The phenomena attending the disease in question have nothing in them to direct the attention either to this gland, or even the vicinity of it, as being the seat of difficulty.

3. The gland has often been found diseased, malformed or deficient, without anything occurring during the life of the individual to awaken the least suspicion that anything of the kind existed.

4. It has been entirely removed by vivisection with perfect impunity.

5. And lastly, the disease has existed in its most pronounced form, and the autopsy has failed to reveal any lesion whatever of the gland. Cases of the latter kind are reported every now and then, and it is reasonable to believe that many cases go unreported, we ourselves having witnessed one at the Cincinnati Hospital last winter.

Now this is an imposing array of propositions, and yet they are as fixed as formidable. Let us now enumerate some of the symptoms of Addison's disease, and see if there be anything in them to call the attention to the stomach as the seat of difficulty? Mark the italics.

Omitting color of skin we have great languor and weakness, with indisposition to exertion, either bodily or mental. Pulse feeble; unusually small, and normal in frequency; *appetite diminished or lost; uneasiness or pain at epigastrium; nausea and vomiting often prominent symptoms;* sometimes constipation, at others diarrhœa; there is loss of flesh, but not in proportion to the increasing weakness, and the emaciation is much less striking than in other wasting diseases.

The urine and biliary secretions are usually normal, and in most cases there is nothing to be found in the heart, liver, kidneys,

lungs, or any other organ open to examination, which can explain the phenomena.

Now in opposition to the above let us place a typical case of degeneration of the gastric tubules, as occurred to Dr. FENWICK, and alluded to by Prof. Flint in the article mentioned. Abreviated they run thus: Patient æt. 45; complained of great weakness; loss of mental and bodily vigor; palpitation and breathlessness on exertion; greatly impaired appetite; flatulence and occasional bilious vomiting. There was no apparent emaciation; the pulse exceedingly small and feeble; the face of a pale yellowish cast; and the lips, tongue and throat exceedingly bloodless. The disease came on gradually and insiduously. There was no increase of the white blood corpuscles. Subsequently vomiting became a prominent and persistent symptom; the pulse became more and more feeble, the anemia and exhaustion increased, and the patient died.

Post-mortem revealed extreme degeneration of the gastric tubules. Dr. Fenwick was enabled to diagnosticate this case with precision. Fortunately, perhaps, for us, this case did not present the discoloration of skin peculiar to Addison's disease, or we might not have been furnished with the results of Dr. Fenwick's scrutinizing examination of the gastric mucous membrane, which he was led to institute in the absence of evidence of that affection existing. What can be more striking than the parallelism of the phenomena presented by the two affections cited above, leaving out of consideration the color of the skin?

Have we aaything in the above list of symptoms to direct our minds to the stomach as being the principal organ at fault? Most certainly. So obvious indeed are the data by which we establish this conclusion, that recapitulation seems almost superfluous. The languor, weakness, feeble pulse, mental and physical debility, together with the anemia, are all due to defective nutriment from impaired digestion. The loss of appetite, uneasiness or pain at the epigastrium, nausea and vomiting, point directly and unmistakeably to the stomach. But how are we to account for the disproportion between the above symptoms and loss of rotundity? Very easily, indeed.

Who does not know that it is the office of the stomach to digest albuminous materials, whilst the digestion of fats and farinaceous substances, which are capable of imparting rotundity to the human figure, are digested lower down the alimentary tract?

This, then, accounts for the remarkable plumpness of these patients, even while they are starving to death for the life-giving principles of the nitrogenous compounds. Yet there is left one phase of the question of seeming great importance which would appear to oppose an unsurmountable objection to the theory we are advocating, and place the question where we found it. Admitting that there does exist a very striking analogy between the two diseases as far as you have traced the symptoms in each, how account for the difference in the color of the skin manifested by your typical cases?

This is not within our province, neither is such a thing possible in the existing state of knowledge on the subject of pigment generation. Still *this* is left us, and it answers our purpose admirably.

We know that the supra-renal capsules are not essentially concerned in the process, as the 3d, 4th and 5th propositions enunciated at the beginning of this article will plainly show. Even though we now be unable to prove this symptom dependent on the condition of the stomach, it places these two organs on an equal footing in this respect, and leaves the stomach master of the field. That there *does* exist a certain connection between degeneration of the gastric tubules and pigmental degeneration, would appear from the morbid, microscopical appearances presented by degenerated gastric tubules. According to Handfield Jones, "The appearance denoting degeneration within the tubules, consisted in the deposit of *black pigment* and fatty granules.

Right here comes in to advantage our own case:

Were called to see Mrs. V., æt. 36, January. 1870. Found her suffering from nausea, vomiting, pain over the epigastrium, and lienteric diarrhœa. Were struck with the peculiar color of the skin, which was rather smoky than otherwise. The prolabia and mucous membrane of the mouth and eyes were decidedly pale. The eyes themselves brilliant. The pulse exceedingly small and feeble, and she complained of mental hebetude and great bodily weakness. She was not much emaciated. The disease had existed for several years, though she could fix no definite period

when it commenced. Fats and farinaceous articles of diet were quite thoroughly digested, but the albuminous materials passed through the bowels undigested.

A minute examination led us to believe that the stomach alone was at fault, and when, after the trial of various remedies in her case, we found the pepsine decidedly the most beneficial, our convictions became strengthened. There was nothing to indicate an inflammatory process going on in the stomach. She gradually failed; became notably weaker; vomited almost incessantly towards the last, and died. An autopsy was not to be had, though the case presented such undeniable evidences of gastric incapacity that we feel justified in pronouncing this a case of degeneration of the gastric tubules, accompanied by the discoloration of the skin characteristic of Addison's disease.

That the supra-renal capsules often present morbid changes in the disease characterized by bronzed skin, is as incontrovertible as inexplicable; but perhaps not more strange than that the glands of BRUNNER should inflame in burns of the skin, or that the spleen and glands of Peyer should undergo morbific changes in malarial and typhoid fevers. These are questions that must remain *sub judice* until further researches shall have brought them nearer the surface. In conclusion, let us do honor to Prof. Flint, by appending in italics the final clause in his article on the subject: "*I shall be ready to claim the merit of this idea when the difficult and laborious researches of some one have shown it to be correct.*"

PUERPERAL CONVULSIONS—INDUCTION OF PREMATURE LABOR BY BARNES' DILATORS—DELIVERY OF TWINS BY VERSION—ADHERENT PLACENTA—FATAL TERMINATION OF THE CASE.

By GEO. A. STERLING, M. D.,
Of Sag Harbor, N. Y.

I was summoned, May 9th, 1871, at 3, A. M., to attend Mrs. M——, the messenger informing me that she had been siezed with convulsions half an hour previously. Before my arrival she had suffered three convulsive seizures, and soon after my reaching the bedside was taken with the fourth.

The patient presented the following history She was thirty-eight years of age; of lymphatic temperament; primipara; had been married about one year, and was eight months advanced in pregnancy.

She had been in her usual state of health on retiring the evening before; yet on questioning her husband closely he informed me that she had complained of sharp pain in the head. I had prescribed for her some three months previously for some leucorrhœal difficulty, at which time her general health was good. The convulsions were epileptiform in character, and of very severe nature. Her pulse was 110, full and bounding, with face flushed and eyes injected. Between the paroxisms she remained in an unconscious state, respiration being heavy and laborious. I immediately opened a vein, allowing the blood to flow freely, which, combined with the free inhalation of chloroform, had a decided effect in lengthening the interval between the attacks and diminishing their severity.

Her limbs and lower part of the abdomen were extensively anasarcous; the vulva being enormously swollen, insomuch that a vaginal examination was effected with much difficulty. I found the os uteri in a natural condition, admitting the tip of the index finger undilated, and very slightly dilatable. The presentation was natural, and, as I afterward determined, with the fœtus that was recognized in the first position. The urine obtained from the bladder, by the use of the catheter, being tested by heat and nitric acid, was found to be extensively albuminous, the test tube being nearly filled with the deposit, more so than I ever before witnessed. Her bowels having for some time been in a sluggish condition, I administered within the space of four hours six drops of croton oil, which, afterward followed by a large dose of calomel and jalap, failed to produce any cathartic effect; morphine had been previously given hypodermically and with decided benefit in subduing the incessant jactitation.

The convulsions continuing, it became evident that the principal chance of obtaining relief for the patient lay in my power of emptying the womb of its contents, either by instrumental delivery or version. At first thought both seemed impracticable, for the os uteri was in its natural undilated condition, and no labor pains or anything simulating uterine contraction had taken place. The warm

douche directed against the os uteri, or the introduction of a catheter between the membranes and the uterus were unadvisable, as both would consume too much valuable time, and were in a measure uncertain in their effects. What was done must be done quickly, as the patient was sinking and her comatose state becoming deeper every hour. I was unable to obtain counsel, as my medical *confrère* was out of town; it was twelve hours since the convulsions had first made their apearance, and the patient was in a condition to die undelivered in a few hours, should the same state of things continue to exist.

After due reflection I determined to employ version, and my ability to effect an entrance into the uterus was based upon the confidence I had in Barnes' dilator, an instrument I conceive not duly appreciated by the most of practitioners. The os was now softer and more dilatable than at the first examination, being nearly the size of a quarter of a dollar. Commencing with the smallest sized dilator, which was with difficulty introduced and retained within the os on account of the swollen condition of the external parts, I had in two hours the satisfaction of being able to place the largest sized bag in position and to dilate the same to its fullest capacity. I was now enabled to pass the left hand into the uterus without difficulty, when I discovered twins were present. Seizing one foot of the largest, version was easily effected and the child was born living in the space of three minutes.

The other, which was also turned, was small and illy developed, and consequently stillborn. After waiting a sufficient time for the delivery of the afterbirth, which failed to take place, other means being unsuccessful, I was obliged to reintroduce my hand into the uterus and detach the placenta, which was a double one and firmly adherent. The womb contracted well, with no unusual hemorrhage, and no convulsion occurred after delivery; and the irregular muscular spasms existing beforehand entirely ceased. The sterterous breathing of the patient in a measure subsided, and the condition of the pulse was more favorable. She spoke the name of her husband and sister, the first words she had uttered since retiring the night before. The vulva also acquired its natural size, and my hope of a favorable termination of the case was considerable.

The gravest symptoms now pointed to her uremic condition. The urine was nearly suppressed; in fact, the whole quantity that I was able to obtain by the use of the catheter, from the time of her seizure till she finally succumbed, a period of forty-eight hours, was only about four ounces. Her bowels still refused to act; the pupils remained very sluggish, and the comatose state seemed to be gradually gaining the ascendant. In this condition she continued to exist for twenty-four hours longer, dying finally deeply comatose from apparent blood poisoning, her pulse remaining remarkably good until within a short time before her death. The case was an unique one, and not without its interesting and instructive features; and although terminating unfavorably, has its moral.

The suddenness of the attack, without previous unfavorable symptoms; their subsequent gravity, with fatal termination; the easy entrance effected into the apparently closed womb by the dilators, and the speedy delivery produced, the double birth and adherent placenta, all tend to make the case an unusual one. In similar cases and apparently hopeless ones, where the induction of premature labor is indicated, with Barnes' dilators at hand, under no circumstances should delivery be despaired of; and even should the mother afterwards succumb, a living child may be brought into existence. I am convinced that, had not my patient's condition been so seemingly complicated with her uremic state, the case would have terminated more favorably. I was unable to obtain a *post-mortem*, which I much regretted.

FRACTURE AND DISLOCATION OF CERVICAL VERTEBRA.

By A. E. Stein, M. D.,
Of Baltimore, Md.

[REPORTED FOR THE MEDICAL AND SURGICAL REPORTER.]

C. W. K., while engaged, March 22, 1871, in gymnastic exercises, fell from a "horizontal bar" while attempting a feat known to gymnasts as the "giant's swing;" the force of the blow preventing his making any attempt at recovering the upright position, and for a while even depriving him of the power of speech. He was picked up by the bystanders and carried into the house of a friend, where he was visited by Dr. W. L. Russell, who found that the seat of injury was at about the junction of the cervical and dorsal verte-

bræ, but was so very tender that he deemed it unadvisable to press investigations as to the exact character and extent of the injury too closely at that time. Morphia internally and a soothing external application, with perfect rest and quiet, were resorted to until the next day, when, finding no improvement in the patient's condition, but rather anticipating a fatal termination, the doctor called Dr. JAS. BUTLER and the writer, to advise concerning further treatment. Dr. Butler not being able to meet us until the next day, the catheter and cathartics were resorted to, and belladonna substituted for morphia during the night. Scarified cupping had already been applied by Dr. Russell, with the effect of greatly relieving the pain about the neck.

On the arrival of Dr. Butler a close examination was made, revealing a complete paralysis of both motion and sensation, from about the nipple downward as to sensation, and also as to motion except the diaphragm and abdominal muscles. He could move his arms freely in all directions, and could bend the elbows, and had also a slight power over the flexors of the fingers, but not enough to be perceived by any one on grasping the hand. To convey anything to his mouth he used both hands, opposing one to the other, and thus holding between them articles of food suitable for such management. His respirations and pulse were perfectly normal. His abdomen was tympanitic; his bowels moved only under the influence of the more powerful cathartics, and even then requiring the assistance of clysters. His bladder was full and required the catheter (which latter instrument had to be faithfully used from the very date of the occurrence until the termination of the case, although a powerless sphincter permitted a constant dribbling of the urine after a few days). His stomach was very irritable, and the matter vomited was mostly greenish in color. At the back of the neck was a bluish mark, indicating the point of contusion, and just above that point there was quite a marked depression. There was also on the right hip an abraded spot as large as a man's hand when opened.

The position of the patient was somewhat peculiar. He persisted in lying only on his right side, diagonally across the bed, his head being kept out of bed entirely and resting on a pillow which was held in a nurse's lap. His head was also thrust *slightly* forward, and the neck a little flexed toward the sternum. He said this position relieved him from the pain in his stomach (abdomen) which he felt in any other. He could move his head about at will, and he could converse and swallow without any difficulty and now had no pain in the neck except when pressure was made there, which produced an agony throughout all his lower limbs and body, and deterred us from a very rigid examination of that locality, and clouded the diagnosis very much, at least as to location. The symptoms were those of pressure upon the spinal medulla, but whether the pressure was that of a clot, or that produced by a dislocated vertebra, or by the posterior fragments of a fractured one, we at that time were undetermined.

The patient declared himself much improved and spoke very cheerfully, anticipating a speedy and complete recovery. The treatment, which, as before stated, consisted in artificially unloading the bowels and bladder, was continued, together with the drugs commonly used to combat nausea, none of which gave more than temporary relief. The most nourishing diet we could provide was ordered, and when we could get him to take it vin. ferri amar. was given in teaspoonful doses, three times a day, but we did not by any means insist on this, especially as he fancied that it made him feel somewhat uncomfortable. He was very full of whims, and troublesome to manage.

This treatment was continued until April 3d, when he was removed to an hospital. Up to this time his condition remained about the same, except that there was a gradual return of *partial* sensation as far as the middle of the thighs. He also seemed to know when he was touched about the legs, but could never describe the object touching him; the point of a pin, the knob of a lead-pencil, or the pulling of a few hairs on the legs, all being described alike, as feeling like we were "pushing him with something," from which we inferred that his only perception was that of a jarring of the more sensitive upper portions of the body.

He became thoroughly tired of hospital life in less than twenty-four hours, and had himself removed to another house in the city; and he was there placed in the care of Dr. COYNER, who, hearing that I had been attending, invited me to continue. Pretty much the same treatment was ordered; the patient growing

gradually worse, the abrasion on the right hip taking on the character of a bed-sore, which was accompanied by another bed-sore about the middle of the back, the dorsal decubitus being sometimes resorted to. This was the condition of affairs until April 13th, when death intervened and closed the sad scene.

The gentleman in whose house he died permitted us to make a *post-mortem*, which was done between the hours of one and three A. M., at which we removed the first two dorsal and the last three cervical vertebræ. The bones presented the following appearance: The sixth cervical vertebræ had its spinous process broken off nearly at its junction with the laminæ, otherwise the bone was perfect. Between the sixth and seventh cervical the entire ligamentous connection was broken through, the capsular ligaments and all, and the whole vertebral column above the seventh was thrown forward, only being bound together by the intervertebral substance and the anterior and posterior common ligaments. The fragment of the spinous process was held in its position with reference to the laminæ by the ligaments of the articulation above, and by the other soft parts, together with the supra-spinous ligament, and a portion of the infra-spinous ligament. The anterior common ligament was partially stripped from the body of the seventh cervical vertebra. From the right inferior articular process of the sixth there was a very small crescentic piece stripped off, about equal in size to the paring of a finger nail. The intervertebral substance was almost entirely disorganized.

On removing the medulla, strange to say, there was not the slightest appearance of inflammatory action whatever, neither the medullary substance nor the membrane were even so much as congested. Just at the point of injury half the cord was cut through on the side, posteriorly.

Prof. F. T. Miles, of the University of Maryland, saw the patient about ten days before his death, and then pointed out very accurately the condition of affairs; also, was kind enough to examine the cord microscopically, and assured me that under the microscope also this singular abscence of evidences of inflammation, as above mentioned, persisted, no sign of any morbid action being visible.

There are many points of interest in this case, among the most marked of which are: 1st. A demonstration that the nerve supply to the fingers comes into the brachial plexus from below the sixth cervical vertebra. 2d. The rapid appearance and spread of large bed-sores, indicating great impairment of vitality; these bed-sores are alluded to by most writers as a leading symptom of such a condition. 3d. In view of the entire absence of any inflammatory complication comes the suggestion that, had there been no solution of continuity in the cord itself, there might have been a reasonable prospect of a restoration to health by replacing and maintaining in their proper positions the separated vertebræ. There would at least have been a justification of the attempt. This suggestion was made, but was abandoned because of the great pain any manipulation about the injury caused the patient; the very slight prospect of success and the great disposition on the part of the community to charge upon physicians all the unfavorable results of any operations they may perform. This latter consideration was permitted much more weight in our deliberations because of the patient and his friends being so very sanguine of his early and complete recovery, a notion we could not disabuse them of, since the great improvement which took place in the earlier part of the case.

There have been several cases recorded in which dislocations of the cervical vertebræ have been reduced with success, and during a visit to Europe made last year by Prof. Miles, he was shown, in one of the wards of a London Hospital, a patient in whose case such an operation was claimed to have been performed, and who was then doing very well. The case just recorded certainly seems to prove the plausibility of such undertakings, and to encourage the effort should an opportunity offer.

THERAPEUTICS AS A SCIENCE—BELLADONNA, OPIUM AND IPECACUANHA.

By A. S. v. Mansfelde, M. D.,

Of Chicago, Ill.

On page 529 of *Chicago Medical Journal* for 1867 and, I think, in the number of September 21st, 1867, of The Medical and Surgical Reporter, I read a report of the antidotal action of belladonna in cases of opium

poisoning, and had occasion, on April 30th, 1868, to prove the efficacy of the drug.

Case I. A young, married lady, highly educated, took tinct. opii simplicis f℥j. at about 9 P. M., and I arrived at her residence at 10½ o'clock, carrying with me a half ounce vial full of fluid extract of belladonna. I tried all the usual means known, but without any effect, and, young and inexperienced as I was, I thought there would be no help if belladonna did not prove what had been promised of it. I gave her half a teaspoonful of the fluid extract, which was swallowed with difficulty, and, to my surprise, her condition changed at once; the pupils lost their brilliancy, perhaps as a consequence of the dilatory power of the belladonna administered, the face lost its lividity, and respiration became more rapid. At this stage of the affair I thought my patient was dying, but not of opium. In about half an hour, all this time carefully observing my pat ent, it seemed to me as if the two powerful agents struggled with each other, thereby losing sight of their battle-field, for our patient rapidly improved. I left her, at 3 o'clock A. M., out of danger. She described her feeling (next day) as a general soreness and said: "I feel as if all my joints had been on a stretch." Some time later I had again occasion to try the efficacy of belladonna in opium poisoning.

Case II. A child, but a few weeks old, was this time the victim. It received no other help but that of belladonna, and, indeed, none else was necessary; the child got well. The fact remains that one of these poisons is an antidote for the other; but how is such action effected?

This same question was put to your readers on page 444 of The Medical and Surgical Reporter of November 28th, 1868, by Dr. Hœhling, and though two and a half years have elapsed, it is hoped that the doctor will take the answer as an equivalent for the length of time.

I make the following assertions:

1. That no matter that is insoluble in the blood will act as a therapeutic agent.

2. That no matter will be a therapeutic agent except it enter the cells constituting the organ diseased.

3. And that the agent cannot be a remedy except its action is antagonistical to the force that produced the disorder.

I speak here of purely medicinal agents (apothecaries' ware) and not of the help received through the sympathy of one organ with the other, *i. e.*, nerve influence, vital force, etc.

As simple as these assertions are, as easily are they proven to be facts undeniable. Permit me then to use opium, the great stronghold of regular physicians, as Dr. Mundi has it, as the test.

That opium is dissolved in the blood is a fact, and that it acts as a medicine we know; consequently it enters some set of cells constituting the organs so effected, and the cells that opium has chosen for its interference are those that make up the greater part of the glandular system, with some exceptions, one being the perspiratory apparatus, and not the nerves, the brain and its appendages.

What are the signs that betoken the action of opium?

1. It retards the secretions.
2. It excites the circulation.
3. It increases the action of the mind.
4. It fills the cavities of the head and breast with blood.
5. It produces sleep.
6. It ends life by asphyxia.

1. Opium, as we know, retards the intestinal excretions; but not because it acts upon the nerves of the parts or their centres, supposed to be the *corpora striata* and *eminentia quadrigemina*, but it enters each and every cell that contributes to make up the excretory glands of the excretory apparatus, *and its immediate action is the restriction of those cells.* One force applied to each particle of matter is the same for matter itself. The organs and their duals are restricted. Can they, under such conditions, exercise the same excretory power? Certainly not.

2. Opium quickens the circulation because the greater part of the blood that would enter the glandular organs is, by the contractive power of the drug exerted upon them, compelled to find other channels for its exit. It passes quicker through the vessels than usual, depositing itself where it may enter, namely: Wherever the drug has not exercised its power, and wherever additional quantities of blood are admissible, as in the lungs, the brain—not in the lung or brain matter itself—but in the interstices naturally there existing: the capillary vessels of the organs.

3. Opium stimulates the action of the mind. This is the so-called further effect of the drug.

Thought will follow thought in quick succession; the intellectual work of the brain is at its pinnacle. Is it because the opium entered the brain cells? By no means. It is the result of an increased supply of "*brain nourishment*," brought there by a greater quantity of blood and healthy blood, for opium will not enter the brain cells.

4. More and more blood is here deposited and the opposite effects are produced.

5. The intellect is veiled, sleep follows wakefulness, and all functions of the organs connected with the brain by their nerves are impaired or entirely suspended, thus creating the highest degree of action of opium in the living body, for further progress is cut short by death itself.

Has opium now changed its influence upon the body?

Can our medicine have two or more distinctly different influences?

No! The action will be *one*, and all the other changes appearing are the consequence of the primary action. Opium proves this.

The large amount of fluid at the latter period present in the brain-cavity compresses the non-resisting mass of brain matter, or cells, so that they can no longer fulfill their functions and with them the nerves that take in them their origin. This latter result is the tertiary action of opium, if I am permitted to use such term.

And though the primary action constitutes the peculiarity of each remedial agent, the functional changes produced by the consequence of such action (please to call them the secondary, the tertiary action, etc.,) may be the same in different medicines; yes, even mechanical power may bring forth the same result.

For an example: does the second stage of acute hydrocephalus not only resemble opium poisoning when it has reached the fifth stage of its career (see pathology), but is also followed by a tertiary action precisely similar to that of opium. The brain cells are compressed by the exudation present, therefore impaired not only in *their* action, but also that of the nerves, which are subject to them. The constipation almost pathognomonic of this stage of acute hydroycephalus is in this case a consequence of the compression (impaired action) of the "corpora striata" and eminentia quadrigemina.

Does there exist any analogy between the exudate of hydrocephalus and the active principle of opium? *None.*

The exudate took its origin from an increased action of secretory organs and caused by a certain pathological condition; the opium action filled the brain also with the same fluid, the blood disks and their coloring matter superadded. If any causative relation existed between these fluids, then would the same remedy be a curative for both.

We all know that a large dose of belladonna in hydrocephalus would be followed by great danger, and I believe in most cases by death; not so, as experience teaches in opium poisoning the almost destructive dose of belladonna acts only as an antidote, but certainly exerts in both instances its primary action, namely: *Belladonna enters all the cells to which opium has access* (or nearly all) *and also certain parts of the brain, thereby producing a general dilatation of the first, counteracting thus the primary action of the opium and also dilating the latter, thereby restoring the functions of the nerve centres and their accessories.* This dilatory action of belladonna explains clearly the efficacy of the drug in opium poisoning, and the quickness of such change is sufficiently explained by its additional action on the nerve centres.

I would advise the addition of a small quantity of ipecac. *and* antimon et potass. tartras to the fluid ext. of belladonna, as I am almost certain that its quickness and promptitude of action will be increased thereby. As ipecac. exerts the same influence upon some parts of the nervous system not accessible to belladonna and the latter (tartar emetic), has a peculiarly prominent power of *dilating* the mucous cells of almost all mucous tissues of the body, thereby calling into activity these organs and of necessity subtracting additional fluid from the overloaded capillary vessels.

Is it not a known fact, that ipecac. and tartar emetic lessen the danger of opium poisoning? In conclusion, let me state a case of my own that occurred quite recently.

Mrs. K., an intelligent German lady, 54 years old, my patient for four years, complained of symptoms leading her to fear typhoid fever or a similar disorder. For this and other reasons (for a physician always should have a reason for giving medicines), I gave her the following:

℞. Tinct. opii simplicis,
Syrupi ipecac. aa fʒij
Spirit æth. nit. fʒj
Syrupi fʒiij
Aq. fontan. fʒ j

Dose—a half teaspoonful every half hour, until rest would be produced.

Having felt quite certain of the effects of my medicines, I wonder at the condition of my patient. The action I expected of four doses of the drug was not produced by ten half teaspoonfuls, while previously, if I gave 20 drops of tinctura opii simpl. to the patient, she would be quiet for hours. This time she even vomited, and from nothing but the ipecacuanha in my medicine; this and its helpmate, the spirits of nitre, not only counteracted the opium, but also destroyed its action entirely; yet small doses of ipecac will quicken the action of opium. Your correspondent takes about a third of a grain of morphia (nervous temperament), and he will feel its action upon the brain (as I understand it) in about eight minutes, (watch in hand and sitting) but if he takes two or three grains of ipecac 10 minutes prior to the dose of morphia, its action will be almost immediate, say in three to four minutes. I have tried this experiment very often and am sure of it.

Is not all this confirmatory of my views, concerning the action of medicines, especially opium, belladonna and ipecac.?

Hospital Reports.

UNIVERSITY OF PENNSYLVANIA.

Results of Clinical Operations Concluded, by De F. Willard, M. D.

In No. 21 of The Reporter I published an account of some of the operations of Prof. Agnew, performed during the past year, and propose to finish the remaining ones in this paper.

Luxations of the Humerus.
(Reporter, April 15, 1871.)

All these cases did well, the bandages being removed after the first week, but caution enjoined.

Ganglion.
(Reporter, April 29, 1871.)

This case was most obstinate, and being partially reproduced, was treated subsequently by injection of a few drops of tinct. iodine, which, together with pressure, finally compelled closure of the sac. Subcutaneous discission and the seton had previously failed to bring about this result.

Housemaid's Knee.
(Same Number.)

This was treated with the pure tinct. iodine ʒij., which was allowed to remain in the sac, after the escape of all the contents through the puncture. Closure was speedy, and the cure perfect. The man was confined to his bed for several days, and when allowed to rise, kept the knee firmly bound with a compress and bandage.

External Perineal Urethrotomy.
(Reporter, July 23, 1870.)

A full description was given of this case in The Reporter of above date, and the subject of perineal fistules discussed. The patient had suffered from the difficulty for several years, and had endured much pain. Every proper means had been tried to accomplish the dilatation of the strictures which had been the cause of all his distress, but finding this impossible, an operation became necessary. The sinuses were numerous, and the discharge from their orifices very offensive; still, the condition of the urethra and of the patient were such as to render the case a hopeful one. It was possible to carry a sound into the bladder, and the division of the structures of the perineum was easily and accurately accomplished, the urethra being slit up to the extent of two inches, and all the sinuses laid open. The perineum was greatly indurated, and the urethra thickened throughout the entire membranous portion.

The treatment of the case was very simple: it consisted first in the previous education of the patient, in order that he might be able to pass the catheter himself, Prof. Agnew considering this as one of the most essential elements of success. Then, after the operation, no catheter was retained in the bladder, its presence being considered detrimental to a proper healing of the wound, since it will not prevent the passage of urine over the surfaces, for the reason that the sphincter is unable continually to grasp any instrument, however large, but will at times permit the passage of considerable quantities. Prof. A. believes, that a catheter is sometimes the cause of urethral fever; may induce inflammation of the bladder, and will also quickly become incrusted by the deposition of salts, unless carefully watched. His plan is therefore to let the urine escape as in the operation of lithotomy, the catheter being carefully passed once each day in order that the canal be kept pervious until granulation has fairly commenced. As soon as this occurs the catheter is carried gently down the urethra, keeping the point along the upper wall, as often in the day or night as the patient may feel the necessity of evacuating his bladder, so that none may pass out of the wound; and here is the advantage of the previous careful education of the patient, since he will be able to do this for himself after the first few

days. Of course such frequent visits of the surgeon would be inconvenient, except in hospital practice; but if he has given thorough previous instruction, he will find that the man soon knows by his own sensations the instant that there is any deviation of the point of the instrument, an advantage, in fact, which he possesses over the surgeon, who has no such guide.

In this case, the man bore the operation well, and had no unfavorable symptoms. The urine flowed through the wound for eight days, when the system of catheterization was commenced, and in two days the man could perform it perfectly upon himself. As soon as he felt the slightest desire to urinate, he immediately drew the water away and was relieved at once, thus holding his comfort in his own hands.

A simple anodyne lotion was first applied to the part, and after this mild ointments, strict cleanliness being enforced as in the operation of lithotomy. Granulations springing up from all sides soon narrowed the opening, until in four weeks time the wound was closed, the sinuses had healed and the canal was wide and pervious, being kept constantly open by the passage of large sized instruments. This practice he continued for a long time until all contraction had ceased, and in fact he still maintains it as often as once a week, this being the only safeguard against a return of the difficulty.

By this procedure, which will be necessary during the remainder of his life, he may hope to be comfortable and well, and it is by negligence or unpardonable carelessness that so many allow the canal again to close.

Ununited Fracture of Olecranon.

(Reporter, Oct. 8th, 1870.)

This was a case in which union failed to occur, and an attempt was made to compel such a result by perforating the ends of the fragments with a drill, hoping to excite sufficient inflammation to effect a cure. Although this was thoroughly done, and the dressings attended with great care, yet the parts refused to unite, and the man has been recommended to have a mechanical apparatus applied, which shall assist, at least, in the movements of the arm—further operative interference being deemed inadvisable, by reason of the close proximity of the articulation.

Hydrocele.

(Same Number.)

This case was treated in accordance with Prof. Agnew's usual plan, with injection of ʒij. of undiluted tinct. iodine, which was allowed to remain in the sac after all the serum had been drawn away. He was kept in bed for several days, with the scrotum suspended, inflammation being regulated by lotions, &c. The cure was complete.

Cancer of Penis.

(Reporter, July 9th, 1870, and Oct. 8th.)

This organ was removed for epithelial cancer, which had existed for nearly a year. He presented himself in October, with a cicatricial contraction of the extremity of the urethra, which was incised, and he was directed to continue the use of a good sized sound every day, which has been effectual in preventing any return. At that time the inguinal glands were found enlarged and indurated; but they were thoroughly sloughed out by caustic, and now he appears to be in good health—there being yet no evidences of a further return.

Hydrocephalocele.

(Reporter, July 9, 1870.)

This tumor was of the size of a large orange, and communicated with the interior of the cranium, by an opening in the occipital bone. Its removal was attempted by a plan which has proved successful in a case which is reported in *Amer. Jour Med. Sciences*, October, 1870. The method adopted was to slowly strangulate by a series of elastic bands applied to its pedicle, which, exerting their constant influence, should slowly diminish its size, and at last compel it to fall away. This was necessarily a tedious process, but it offered such hopes of success as to be well worth the trial, and the base did indeed steadily lessen, so that the work was nearly two-thirds accomplished when the babe, after injudicious handling of the tumor, was seized with convulsions, and died in a few days. This accident, however, does not render the method impracticable.

Hypospadias.

(Reporter, June 18 h, 1870.)

This operation was a failure, union not taking place.

Extirpation of Eye.

(Reporter, Oct. 29th, 1870.)

This eye-ball was removed for recurring epithelial disease. The growth had previously been twice shaved from the sclerotic, but rapidly returning in the same suspicious form, it was decided to take away the entire ball and prevent further danger to the general system. That this was the true plan has been evidenced by the regained good health of the patient, and her entire freedom from the disease up to the present time. The muscles were uninjured by the operation, and are now of great service in the movements of an artificial eye.

The case of *Fistula in Ano*, reported in the same number, as well as other cases in the Nos. of July 2d and Sept. 3d, all did well.

——Dr. Frederick D. Lente, formerly of Cold Spring, N. Y., and well-known as a practical contributor to the medical periodical press of the country, has been appointed Professor of Diseases of Women and Children, in the Medical Department of the University of New York.

Editorial Department.

Periscope.

The Causes and Treatment of Catarrh.

Dr. H. F. Parsons says, in the *British Medical Journal*, the causes of catarrh may be thus classified:

1. First, and perhaps most frequent, is direct irritation; the most frequent irritants to the conjunctiva and respiratory tract of mucous membrane being cold air, very hot air, and foreign matters, as grit and dust; to the alimentary canal, the common irritant is improper food, either indigestible in quality or excessive in quantity, the undigested residue becoming putrid and acrid.

2. Chilling of the skin, especially from wet feet, seems to cause catarrh apart from the local irritant action of cold, by inducing congestion of the internal parts of the body.

3. Catarrh, as aforesaid, is often propagated from one mucous membrane to another.

4. Many constitutional diseases, as measles, enteric fever, syphilis, and influenza, are accompanied by catarrhal affections of particular mucous membranes, especially the respiratory.

5. A varying amount of catarrh of a part very often accompanies organic disease of that part; the permanent disease acting either as a local irritant, or by inducing congestion; thus chronic gastric catarrh usually accompanies ulcer and cancer of the stomach, and emphysema is often complicated with bronchitis.

Lastly, congestion of an organ from obstruction to the return of blood causes catarrh; thus we have diarrhœa with portal obstruction, and bronchitis when the pulmonary circulation is impeded by disease of the mitral valve.

Since in a healthy subject catarrh tends to quick recovery when the cause producing it is removed, the persistence of catarrh in a chronic form shows either that the original cause or some other irritant is still in operation, or else that there is a deficiency of reparative power in the part or in the whole system. The relaxation of tissue and of the blood vessels produced by repeated attacks of catarrh, is favorable to the development of the chronic form; so, also, is a watery condition of the blood; and especially so that general deficiency of the tissues in plastic power which is termed the scrofulous diathesis. Chronic catarrh, in its turn, is very liable to acute exacerbations.

In the treatment of acute catarrh, it is to be borne in mind that the disease tends to get well of itself, if not prevented by the persistence of the cause; where this cause is still present, but removable, as foreign matter in the eye, or undigested and putrefying food in the primæ viæ, our first efforts must be directed to get rid of it, and in every case we must watch that no fresh irritant gains access to the suffering organ. If the inflammation tend to increase, or if it be situated in a part essential to life, it becomes our duty to endeavor to diminish it, for which purpose we often seek to produce a derivation of blood from the affected part by augmenting excretion in some other organ, particularly the skin and bowels. Of antiphlogistics, the local action of cold in the form of ice, where it is applicable, as in acute catarrh of the throat and stomach, is of much benefit in many cases. Certain drugs have also a reputation as antiphlogistics; of these, mercury has been mentioned before; antimony and the neutral salts appear to act favorably by loosening the secretion, and the same virtue is claimed for the alkalies, which certainly have the power of rendering mucus less viscid when added to it out of the body. In catarrh of the primæ viæ, alkalies and antacids are generally of benefit, and the expectorant action of ammonia is probably due to it passing off by the lungs, and acting on the mucus in the bronchial tubes on its way. The irritability of the mucous membrane often needs to be allayed by sedatives; the surest generally being opium. Should the catarrh, instead of passing clean away, become chronic, local astringents are of the greatest use, and among them nitrate of silver, sulphate of zinc, alum, and tannin are the chief. Nitrate of silver is often of marked use in the chronic gastric catarrh accompanying organic disease of the stomach. At the same time, it is to be borne in mind that the fact of a catarrh passing into a chronic state, unless due to persistence of irritation, shows that something is amiss with the constitution; hence our aim must be to improve the general health, and this will usually be best effected by tonics, especially iron; and in the scrofulous, cod-liver oil. Prophylactic treatment against catarrh consists: 1, in avoiding sources of irritation, as cold, errors in diet, etc.; 2, in keeping the body in the highest attainable state of vigor; 3, where it can be borne, in a gradual process of inuring the body to cold, of which process a cold bath every morning, begun in the summer, is the safest, pleasantest, and most efficacious form.

New Mode of Version.

William Macfarlane, M. D., in the *Australian Medical Gazette*, says: In the domain of medi-

cine there is no department possessing more vital importance than that of midwifery, however monotonous may be the large majority of cases; yet, now and again, there breaks in upon this wearying sameness one case which tests the courage, the ability, and the skill of the practitioner. The stakes are: his own reputation, and the lives of both mother and child. He who, in a case of difficulty, performs his work *bene celeriter et jucunde*, confers a boon not only on the particular family he attends, but on the State in general. The *laisser-aller*—the "We'll see what Nature can do"—is too common amongst medical men not to be reprobated; whilst, on the other hand, a prudent and cautious boldness not infrequently eventuates in the happiest success. The following case exemplifies the above remarks, and, I would fain believe, elicits a new mode of version.

The parturient—a multipara, and thirty-five years of age—after two days of fruitless labor, was placed under my care. Uterine contractions had entirely ceased, and from the vulva the right hand and funis protruded; the latter pulseless. my hand, passed onward *in vaginam*, guided by the arm, made out the right scapula, the spinous processes of the vertebræ, and the ribs firmly impacted in the brim of the pelvis. Again and again I attempted to pass my hand in front of the child, even using the pressure of my body against my elbow, so that the hand might pass onward and seize the nether limbs of the child. Each attempt was equally abortive; there was, moreover, a probability of seriously injuring the viscus by such rough manipulation. The forceps could not be employed; I had a dislike to evisceration, whilst leaving matters to take their course, as recommended by Dr. Douglas, and "see what Nature would do," was simply out of the question. In this most unenviable dilemma it struck me that, instead of searching for the feet, were the child pushed round, or in other words, were the *vis a tergo* employed, the desired result would ensue. With this object, the fingers were placed upon the shoulder and back of the child, and a firm, strong, and steady pressure upward and backward, in respect to the mother, was continued for some time. The hand was then released, and passed as before, in front of the child; a broad, round, flattish substance was felt: the finger was inserted behind it, and a knee slowly and gently brought down. The subsequent steps of the delivery need scarce be mentioned; not a single bad symptom followed. According to the parturient's expression, "it was the very best confinement she ever had."

This obstetric manipulation bridges over a formidable difficulty—to wit, the disembowelling, and extraction piecemeal of the fœtus, and the risk of serious injury to the mother, with its concurrent mental and physical distress. Again, this *modus operandi* obviates the groping about in the uterine cavity for the child's lower extremities, and possible harm to the viscus. It may be contended that there is a similarity between this and the proceeding of Dr. Hicks (?), but if my memory serves, there may be a likeness, but no relationship. The above mode of action succeded so satisfactorily in my hands that I would urge its adoption before ulterior measures were adopted in cases of a like character.

The Condition of the Circulation in Scrofula.

Mr. Wm. Knight Treves, F. R. C. S., in the *Lancet* for April 29th, has the following remarks:

Before describing the chief pathological condition existing in scrofula, I would express my firm belief (for which I will in a future communication bring forward my evidence) that, after putting on one side tuberculosis and hereditary syphilis as totally distinct diseases, there is no evidence whatever of any specific taint in scrofula; that, on the contrary, there is every reason to believe that scrofula is merely slow inflammatory action of an unusually chronic character, produced by slight causes or arising spontaneously in persons predisposed to take on this action by constitutional debility, as evidenced principally by certain defects in the performance of the function of circulation.

The distinguishing pathological condition in a scrofulous person is a peculiar deficiency or weakness in the circulation. The blood appears, from some cause or other, to stagnate, especially in the exposed and superficial portions of the body, causing an appearance of venous congestion. This congestion, indicated on the cheeks and extremities by a purple or bluish tinge mingled with the natural color, or by red of various shades disposed somewhat patchily, is one of the best signs of scrofula, and is, in fact, an unfailing indicator either of the disease itself or of a predisposition to its attacks. Occasionally a mottled appearance prevails over the whole body. The complexion thus caused varies from the over-florid hue of the apparently hearty child, in whom, perhaps, no consequences have arisen from his constitutional condition, or merely some ailment which does not affect his health, to the dusky tinge mingled with white of the exhausted sufferer. This color in the cheek, which may sometimes be described as peach-colored, is distinguished from that of health by the latter's difference of hue, more gradual shading off, greater uniformity of tinge, and clearness of surrounding skin. The scrofulous person is generally rather dusky. and even in cases where this duskiness is not shown in the face, and where the complexion may be bright if overloaded with color, the constitutional condition may be revealed by the hands, the backs

of which almost invariably exhibit the blue and mottled appearance I have described. A further distinction is, that if the scrofulous person has a bright color, it appears to be on the surface, is abrupt, and obtrudes itself on one's notice, while the same amount of color in a healthy person is more diffused and not so remarkable.

Another peculiarity in scrofulous individuals, due also to the condition of their circulation, is a swollen appearance of their extremities; they generally look as if they were suffering from extreme cold, and this appearance of the hands and feet remains, to a greater or less extent, even in very hot weather. Their legs and feet often have a doughy feel, and lack the firm resiliency of health.

Now this venous congestion exists not only in the skin and external surface of the body, but also in the mucous membranes, and is the predisposing cause, in a typical case of scrofula, not only of the disease itself, but even of the very appearance of the patient. The pulse is below the average of health, of fair volume, soft and regular, but wanting in force. The temperature is certainly not raised, and I am inclined to believe, from some observations I am making, that it is below that of health.

Scrofulous people are, as a rule, fleshy and heavy looking, although not wanting in intellect; they are flabby and often deficient in muscular power. Their lips, alæ of nose, and eyelids are generally tumid from congested mucous membrane, and their abdomen is inclined to be prominent. Their extremities are large and swollen, and do not usually exhibit that symmetry which may be found in healthier persons. Their hair may be any color; the red and the dark hair show the best specimens of scrofula, but the dark are the more numerous. They do not in any particular resemble people suffering from tubercular disease, nor have they any tendency to become tuberculous. They do not waste, nor do they suffer from that irritable form of dyspepsia known as strumous dyspepsia. Their circulation is not quickened, nor their temperature raised. They have not the quick, irritable pulse of tuberculosis; nor have they even in advanced cases any fever or night-sweats. Their disease does not run a rapid course, but generally extends over many years, and very rarely proves fatal. They are good subjects for operation, exhibiting no irritability, the only drawback being that their wounds have a tendency to become sluggish. In these and numerous other symptoms they are diametrically opposite to persons suffering from tubercular disease; and I hope shortly to be able to lay these distinctions, drawn from observations in a large number of cases, more clearly and fully before the profession.

Rules for Confinement in the Vienna Lying-in-Hospital.

We make the following extract from an article by Dr. Frank Wells, in the Boston *Medical and Surgical Journal:*

On admission the patients are examined by one of the midwives, in order to ascertain how far labor has progressed, and if not too far, and the patient desires it, she is allowed to get up and walk about the room.

(All examinations are made in this school with the patient lying upon her back, which seems to be the most convenient position for this purpose.)

As soon as the head has passed the promontory of the sacrum, the woman is placed upon her left side, with the right thigh flexed upon the abdomen, and the right leg resting upon the sole of the foot. The accoucheur then stations himself opposite the the patient's back, and passes his left hand over her abdomen, and between the thighs, grasping with it the head of the child as it advances, while his right hand supports the perineum. Every patient, and particularly every primipara, is delivered with the perineum and vulva exposed. Not alone in the hospital, but in private practice, is it considered of the utmost importance that the accoucheur should see the parts during the birth of the child. For, it is the custom, as soon as it becomes obvious that the perineum must rupture, to make short lateral incisions into the labia, thus taking the strain off the perineum. This precaution, of course, can only be taken when the accoucheur has a full view of the different parts. Stress, too, is laid upon the importance of forcibly keeping the child's head back during the severe pains, allowing it come forward only during the lesser ones. This, also, is accomplished much better when the hands are not hampered by the bed-clothes.

It would seem such a self-evident fact that the perineum should be supported during the birth of the child, that a reference to this subject might be considered altogether needless. In view, however, of the mistaken opinions in regard to this precaution which are from time to time advanced, I cannot refrain from mentioning how strictly this rule is enforced in Vienna, it being one of the fundamental principles of a successful delivery.

After the birth of the child the cord (when it has ceased pulsating) is tied in two places with lawyer's tape—six and seven inches from the child's abdomen, and then cut between the two knots. As the sooner the uterus is freed from its contents and commences to contract, the better it is for the patient, so immediately after the cord has been cut, firm, deep pressure is made with the hand over the seat of the placenta, in order to expel it forcibly. If the first attempt is unsuccessful, after waiting a few minutes another trial is made. If, however, after

three or four attempts, the placenta is still retained, no further trial to remove it is made for some two hours. At the end of this time, if the patient feels at all worried or uncomfortable, the hand is introduced into the cavity of the uterus, and its contents detached from the walls.

After the cord has been bandaged, and the child washed and dressed, it is laid back into the bed with the mother, and immediately allowed to go to the breast, which, in the opinion of this school, greatly diminishes the chances of a milk abscess.

Whatever may be the cause, there are certainly but few cases of this painful affection to be met with in the wards. In fact, out of 7,860 patients delivered in 1867, 14 only suffered from abscess of the breast.

A few hours after delivery the patients are carried, together with their children, into the next division of the clinic, where they remain until they leave the hospital, unless some sickness supervenes, when they are removed to the wards set apart for this purpose.

The child always lies in the bed with its mother, except in the case of twins, or when the mother is extremely weak, when it occupies a small crib, standing by the side of the bed. This arrangement, however, is not one of choice, but of economy, since it is really considered preferable that the child should occupy a separate bed, in order to escape any danger of being smothered by the mother rolling upon it. This is an accident, however, that seldom happens.

The women receive no baths either on entering or during their stay in the hospital, although all discharges are carefully washed off, as often as it becomes necessary.

Their diet, up to the time of delivery, is not restricted, but afterward the quantity and quality of it is regulated as follows:

Until the fourth day after delivery, some simple broth or soup.

4th day—Milk gruel (¼ portion), and a German roll (semel).

5th and 6th days.—Some farinaceous compound (¼ portion), and two rolls.

7th day.—Minced meat of some kind (½ portion), and three rolls.

8th day.—Same as on the fifth day (½ portion), and three rolls.

9th day.—Beef for the first time.

On the ninth day the patients are discharged, when, if they desire, they can apply for admission to the Foundling Hospital.

Hydatids of the Liver.

Dr. Edward Long Fox, F. R. D. P., physician to the Bristol Royal Infirmary, reports the following case in the *British Medical Journal*. At the end of May, 1869, a girl, æt. 14, was brought as an out-patient to the Bristol Infirmary, and was admitted for a short time as an in-patient, and treated for some months afterward at home.

The mother gave the following account of her. In July, 1866, she had an attack of shingles; and whilst she was under treatment for this, an enlargement of the right side was observed by her medical attendant. No further notice, however, was taken of the swelling until Christmas, 1868, when it increased very much, interfered with respiration, and was sometimes the seat of acute pain. In March, 1869, she was admitted into the Westminster Hospital, under Dr. Fincham, and hydatids of the liver were diagnosed. She remained there for about six weeks, being measured several times a week, but taking no medicine. It is an interesting point of the case that, during her sojourn in the Westminter Hospital, she craved very much for pork, and was clandestinely supplied by her mother with pork and ham.

In May, 1869, her parents removed to Clifton, and thus she fell under my notice.

On admission, she presented the following appearance. She was a fairly nourished girl, short, but rather stout. The upper part of the abdomen and lower part of the thorax were occupied by a tumor, quite dull on percussion, smooth and slightly resilient, extending from the fourth rib on each side downard to the extent of seven inches, causing a considerable bulging of the right side, especially posteriorly. The tumor in front extended seventeen inches horizontally across the body. The right side of the thorax was about two inches and a half larger than the left. The heart was pushed somewhat upward, the apex beating about the fourth rib. Respiration was rather rapid, especially if she hurried, or walked upstairs, or lifted anything. Digestion was fair. The urine was healthy. She was now menstruating for the first time. The temperature was slightly raised, probably in consequence of slight peritonitis over the tumor. She liked to eat her meat almost raw. Her mother suffered from tænia solium, and did so for the first time when pregnant with this child.

She was under treatment about six months, and month by month gradually decreased in size, until at last no trace of the tumor could be detected, the diaphragm returning to its proper position. Her medicine all the way through was iodide of potassium, either alone or in combination with mild tonics. She came to see me a year afterward, in perfect health.

Besides her recovery, the interesting points in the case are: first, the position of the growth of the hydatid cyst, pushing up against the diaphragm and the ribs, instead of the more yielding walls of the abdomen; and secondly, that recovery took place

apparently by the death of the echinococci, from the absorption of iodide of potassium, as it is certain that they were not passed by the stomach, bowels, or bronchial tubes.

Had the patient been a male, the sex in which the diaphragm plays an important part in respiration, the dfficulty in breathing would probably have been much more marked.

Frerichs, in advocating surgical measures in cases of this kind, remarks that certain medicines have been employed, which are thought to pass from the blood into the cyst, and to kill their inhabitants. Baumes believed that calomel was endowed with this property; Lænnec, common salt; and Hawkins, iodide of potassium, but as yet (he says) no case is known in which any such plan of treatment has succeeded.

No doubt, iodide of potassium is often given without success: but I claim this case as an example of absorption of this drug into the cyst. Of course, it may be said that this was an instance of the spontaneous death of the parasites, wholly unconnected with the medicines employed. We have in the Infimary Museum a beautiful specimen of an hydatid cyst of the liver into which a bile-duct discharged itself, and caused the death of the parasite, and spontaneous cure. But when the disease has advanced as for as in the case before us, spontaneous shriveling up of the sac is, I believe, unknown. Nor is the other most usual form of cure more common in large hydatic tumors; viz: that in which the acephalocysts are destroyed by the secretion of a thick, putty-like material within the sac, a species of caseation.

The iodide of potassium has been used by physicians in this country for many years in these cases. Dr. George Budd mentions it in one of the earlier editions of his book on the liver, but not with any approval.

On the Pain of Ataxy and its Relief.

Dr. JULIUS ALTHAUS, Physician to the Infirmary for Epilepsy and Paralysis, says in the *British Medical Journal:*

There are few kinds of pain which equal, and none which surpass, in severity the pain which accompanies certain forms and stages of progressive locomotor ataxy. This pain is short, sharp, and sudden; there is an instant or two of indescribable agony, followed by twenty or thirty seconds, not of rest, but of a kind of drowsy stupor, out of which the patient is roused by another pang, similar to, or even worse than, the first. I have seen strong men, who could bear a great deal without flinching, scream under this infliction; and frequently their cries could be heard at a distance. The pain generally reaches its acme of severity on the third day from the commencement of the attack, and remains of the same character until the eighth day, after which there is a kind of lull. The patient, although utterly wearied and exhausted by suffering and sleeplessness, is, as it were, able to breathe again, as the shocks become less frequent and less severe. Sometimes the pain is quite gone by the tenth day; at other times it goes on in a subdued and sullen manner until a month has passed since its commencement.

Most usually the seat of pain is in the feet and knees, rarely in the hips and back, and quite exceptionally in the upper extremities and the head. Neither swelling nor redness is perceptible during these attacks, which are often set down as being of suppressed gout. They occur, however, in persons who have no gouty habit at all, and do not yield to the remedies which prove most useful in the gouty diathesis. Indeed, the peculiar obstinacy with which the atactic pain defies purely medicinal treatment—even a bold use of hypodermic injections being generally futile—constitutes one of its chief characteristics. That the pain is really part and parcel of ataxy is proved by the concurrence of other symptoms, which the patient often omits to mention on giving an account of his case, but some of which can be invariable elicited by inquiry. Thus, we find that some time previously there has been transitory double vision, or other affections of cerebral nerves; that there are sexual debility, and weakness and unsteadiness in walking.

It appears probable that the paroxysmal pains of ataxy are owing to tetanic spasms of the muscular coats of the arteries, caused by irritation of the vaso-motor system of nerves. We have therefore to look for remedies chiefly amongst those agents which we know to possess a powerful influence on the sympathetic. Amongst these, the continuous galvanic current stands *facile princeps;* and I will now shortly relate a case in which it brought relief, which had for years obstinately resisted all other medication.

J. B., a merchant, æt. 35, married, came under my care in February, 1870. He had for the last six years suffered from periodical attacks of severe pain in some part of the lower extremities, principally the right foot and the left knee. Such an attack generally lasted from two to four weeks, after which the patient was free from it for two or three months, at the expiration of which time a fresh attack would come on. He had never had syphilis. Early in 1864 he suffered from double vision, owing to paralysis of the rectus externus of the right eye. This yielded to treatment in about six weeks, and since then his eyes had been weak, although not suffering from any definite disease. Soon afterward he noticed that his sexual power was diminished, and that he occasionally had nocturnal

emissions, which had not occurred during the previous period of his married life (four years). In August, 1864, he had the first attack of pain, which was treated with blue pill, opiates, belladonna, and quinine. It lasted about a month, and then vanished. A second attack came in December of the same year, and was treated with colchicum and alkalies. It lasted nearly the same time as the first. When he recovered from the second attack, he felt very weak on his legs, and he had never since then been quite steady, his gait being staggering chiefly in the dark. Attacks now occurred with considerable regularity every two or three months. Some of the later attacks were treated with hypodermic injections of morphia, but with little or no effect. It is true that for fifteen or twenty minutes after the injection the pain was generally not quite so severe as before, but it rapidly resumed its ordinary type. The patient had also tried a great many different kinds of baths; in fact, as he expressed himself, "everything except galvanism," when he came under my care.

He was in bed when I first saw him, racked with pain, which shot periodically through the right instep. I persuaded him, much against his will, to let me use the hypodermic syringe, and injected one-third of a grain of morphia with one-thirty-sixth part of a grain of atropia, near the internal malleolus. This had no further effect than to make him feel somewhat giddy, and to make the tongue very dry; but it did not relieve the pain at all. The patient being convinced of the uselessness of this proceeding in his case, at my next visit I used, at his urgent request, the continuous galvanic current. This was applied, not *loco dolenti*, but at the neck, to the course of the cervical sympathetic nerve.

After the first application the patient had about an hour's freedom from pain; after the second, a somewhat longer interval took place; and after the third, the severity of the suffering was considerably diminished. He had altogether ten applications in eight days, after which the pain was entirely relieved; while usually such an attack had lasted a month with him. I now put the patient on a course of nitrate of silver—almost the only medicine which he had not yet taken—for improving the other symptoms of ataxy; and he took this, in doses of from one-sixth to a half grain, for six weeks, with decidedly good effects. He continued quite free from pain for about six months, the next attack occurring in August, having been due in May or June. This attack was not ne ar so violent as that in February, and yielded to galvanization of the sympathetic in the most satisfactory manner. Until now (April, 1871,) no further attack has taken place; and although it would be rash to assume that the patient will remain altogether free, yet life has in the meantime been rather an enjoyment to him than a burden, and his prospects altogether appear decidedl

Amputations.

Dr. Sédillot, of Lyons, who, during the course of the recent French war, has observed over 1,500 cases of gun-shot wounds, and has himself performed fifteen amputations in a single day, has written a paper calling attention to the extensive mutilation of the parts caused by the projectiles of the present day. According to Dr. Sédillot, the best rule is to amputate on the second or third day after the infliction of the wound, before the period of inflammation has set in. In consequence of the extensive suppuration, caused by the projectiles now in use, the following rules are recommended to be observed: first, that the wound should be reduced to the smallest diameter; second, a free exit of pus should be favored; and third, a radical reform in the method of amputation should be adopted, to wit: that the extremity of the bone, instead of being enclosed in the flesh, should be left sticking out.

Reviews and Book Notices.

NOTES ON BOOKS.

New Medical Journals.—Three new medical journals are announced. Messrs. W. Wood & Co., New York, announce "New Remedies," a quarterly retrospect of therapeutics, pharmacy, and allied subjects, edited by Horatio C. Wood, jr., M. D. Messrs. W. Baldwin & Co., New York, announce "The Medical World," a monthly journal under the editorship of Reuben A. Vaner, M. D.; and "The American Journal of Diseases of the Nervous System," a quarterly, under the care of the same editor.

The *Virginia Clinical Record* is the title of a monthly issued at Richmond, Va. No editor's name is announced. We have received the second number. It gives promise of usefulness to the profession, the contents being varied and interesting, and from respectable sources. There has been no medical journal in Richmond since the removal of Dr. Gaillard's *Richmond Medical Journal* to Louisville, Ky. The price of the *Clinical Record* is $1 a year. Too cheap—it cannot thrive, or exist, even, at that price.

The *National Medical Journal*, started in Washington as a quarterly by Dr. C. C. Cox, has been changed to a monthly, and is now under the editorial management of Drs. S. C. Busey and William Lee.

The *New York Medical Journal* has changed editors. E. S. Dunster, M. D., has been succeeded by W. T. Lusk, M. D, and James B. Hunter, M. D.

MEDICAL AND SURGICAL REPORTER.

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S. W. BUTLER, M. D., D. G. BRINTON, M. D., Editors.

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A MODERN MIRACLE.

The days when a miracle could deliberately be performed and pass unquestioned are past, and in our time no apparent sanctity will prevent the prying philosophers, with their sceptical eyes, from poking and probing and cross-questioning the author thereof. One such is exciting just now so much attention across the water, and has been connected with a name so high in medical science, that it will interest our readers to hear of it. They can form their own opinion after learning the facts, as recorded by Dr. Lefebvre, Professor of General Pathology and Therapeutics in the University of Louvain:

The following is an outline of the case. A peasant girl, born in January, 1850, subject to much hardship in early life, her diet having been *plus que frugal*, with little or no education, reading with difficulty and writing very little and badly, having been subject in various ways during her early life to severe strains upon her nervous system, at the age of eight took charge of a crippled old woman; three years later, having received her first communion, she entered the service of a great aunt, aged 78; there, after devoting the day to household duties, she often passed part of the night by the bedside of her relative, who died two years afterward. During the cholera epidemic of 1866, being then only sixteen years of age, she nursed many of the victims without any aid, staying with them until they died, assisting to lay them in their coffins, and sometimes even to bury them. In the beginning of the year 1867, while supporting herself at home by her needlework, she lost her appetite, became weak and pallid, suffered from severe neuralgic pains, and on several occasions spat blood. It is stated that "for an entire month she took little besides water and the medicines that were prescribed for her!" Soon after this she became the subject of an entirely new series of phenomena. Blood began to ooze through the skin of various parts of the body—first from the left side of the chest, then from the hands and feet, and lastly from the forehead. Thirteen weeks later, on the 17th July, she began to exhibit the phenomena of ecstacy. From that time until the date of the last report (April 15th, 1870) there has been, every Friday, a regular recurrence of the bleeding stigmata and the ecstatic trance during which, while insensible to all that is passing around her, she has, as she declares, a distinct vision of the whole scene of the Crucifixion. Suspecting the possibility of deception, Dr. Lefebvre placed a leather glove upon one hand, tying it and sealing it at the wrist, yet, when the glove was removed on the following Friday, the blood was there as before.

In explanation of this case, the two following similar ones have been brought forward by writers in the British medical periodicals of recent date:

The first case came under the care of Mr. Henry Lee, at St. George's Hospital. An unmarried seamstress, æt. 16, was admitted into the hospital on the 22d April, 1868. On the outside of the right leg, about three inches above the ankle, was a discolored patch about three inches in length by one and a half inch in width. From this surface she said that every month for two years there had been a discharge of about a tablespoonful of blood. The patch was covered by minute red spots resembling flea-bites. Soon after her admission into the hospital fresh red spots and effusion of blood were seen at each succeeding visit. Mr. Lee then ordered a sheet of lead to be applied over the bleeding surface, and to be secured by a starch-bandage. On the next visit, when the dressings were removed, there were few spots and little blood, but the sheet of lead was found to be pierced with holes large enough to admit a needle. When asked how this had happened, she was silent, and she was discharged as a convicted impostor on the 13th May.

Dr. Thompson of Honduras writes:

"Some time since an English proprietor came

some distance to ask my advice for his overseer under the following circumstances: The overseer had been bitten a month previously by a jumping fomagoff snake, and had been attended by a native snake-doctor at the time of the injury. The overseer recovered from the immediate effects of the bite, although his life was in great danger. A week afterward he had not recovered from the prostration, and he then began "to sweat blood." His master stated that when he sneezed small spots of blood came out on his face, and that, on making a violent muscular effort with the arm, blood would ooze out on the portion of skin most stretched. The man had been perfectly well before the snake-bite. I prescribed cold baths and iron and strychnine in liberal doses internally. Under this treatment the man recovered in fourteen days."

Whether these are analogous cases, and whether Louise Lateau is an impostor, the victim of an obscure disease, or a palpable example of supernatural manifestation, each will decide as his enlightenment leads him. She certainly illustrates a condition worthy of attentive study.

Notes and Comments.

About Some "Universities."

A correspondent at the West asks concerning the status of the Philadelphia "University of Medicine and Surgery." We reply that so far as the regular profession of Medicine is concerned it has no status. It is a chartered institution—which, indeed, is saying very little—and so far as a charter may confer "regularity" it may claim that quality. We know not in what its claim to being a "University" consists, though by the following extract from the *Independent*, of New York, it will be seen that diplomas in "medicine and surgery" are not the only ones it deals in:

"The exposure of the American University of Philadelphia (not that of Pennsylvania) and of its bogus degrees scattered so lavishly in England and America, is attracting attention. A Baptist minister in England defends in the English *Independent* his degree of "Doctor of Music," saying that "it did not come from the University of Philadelphia, but the Philadelphia University of Medicine and Surgery—an institution of great reputation, and which has been called the Edinburgh University of the United States, because of its similar reputation." Moreover, the Baptist minister referred to adds that he "received the degree directly from W. Paine, Esq., A. M., M. D., Dean of the Faculty, and not from any London agency; also, that the degree is the result of merit and life study." This communication seems to have nearly satisfied our English contemporary, though still regarding a musical degree from a medical university as hardly congruous. It is enough for us to say that the importance of Mr. Paine's university has been greatly exaggerated, and we would not care to exhibit a musical degree or any other received from his hands."

"Manipulated" Cases.

A correspondent of unquestionable standing, in a western city, writes us: "In the *American Journal of Medical Sciences* for April, Dr. ———, of this city, who is a homœopathic practitioner, has a long article on ovariotomy. Some of us out this way are uneducated enough to believe that some of his cases were manufactured, and the rest of them 'manipulated.'"

The Pennsylvania Hospital.

The staff of the Pennsylvania Hospital, as elected May 29, is constituted as follows:

Surgical Staff.—Drs. Addinell Hewson, William Hunt, Thomas G. Morton and Richard J. Levis.

Medical Staff.—Drs. John F. Meigs, J. M. Dacosta, James Aitken Meigs and James H. Hutchinson.

Correspondence.

DOMESTIC.

The Contagion of Scarlatina.

EDS. MED. AND SURG. REPORTER:

I have seen so many assertions in your valuable journal that scarlatina is a non-contagious disease, and that the term "contagion is used by ignorant people to account for what they know nothing about," that I deem it advisable to place a few facts before your readers, believing as I do that they are capable of judging for themselves whether the disease is contagious or not, as I deem it of no little consequence that the younger members of the profession, who may be readers of THE MEDICAL AND SURGICAL REPORTER should not be misled or deceived upon a question in which so much is involved as there is in this.

If the disease is non-contagious there is no necessity of upholding "quarantine or other measures" for the purpose of preventing the spreading of the disease; at the same time, if it is an error to believe that scarlatina is a contagious disease, it is one made on the safe side, if the disease is contagious or infectious, the terms being synonymous. The physician who throws doubts upon it being such, or asserts positively that it is not so, may find, when it is too late to make reparations for the injury which he

has done, that there were those who had placed too much reliance upon his opinion, by having allowed those over whom they had control to come in contact with those who were sick with the disease, and in due time have sickened and died from it; while others, more cautious, and believing that it is contagious, have kept their children at home and *escaped* it.

But to the facts as proofs that it is a contagious disease:

A few years since a gentleman and lady, on their return from a visit to their friends in another part of the State, were obliged to call for a few moments at a private house on account of their son, who was a little more than a year old. In about ten days thereafter the little fellow was taken sick with fever. Residing in a malarious district, they supposed it to be an ague, until the "rash" made its appearance. They received many calls from friends with their little ones; among the rest, some living four miles distant, accompanied by two little children. In a short time those children, who visited the little invalid, and had not had the disease, came down with it. The children from the country had it also, but the people, believing it to be contagious, prevented the further spreading of the disease by not allowing children to visit them who had not had the disease with a *single* exception, where the parents stopped with a young child for a short time to make a call, as they were relations and lived some distance from them. They took the precaution not to allow the child to go into the room which was occupied by the sick. Notwithstanding this precaution, ten days thereafter the child sickened, and after a brief illness, died from it.

There were no cases aside from those who were exposed to it.

A strict "quarantine, or other measures," were adopted, as those residing near the families having it, were "*ignorant*" enough to believe that it was contagious.

There were eleven cases, all told, including the little boy who *caught* it at the house where his parents stopped with him, as before stated, there being, at the time they stopped, two sick with the disease in an adjoining room.

I say caught it; as, at present, this is the most comprehensive term I can use for it, even at the risk of being charged with "ignorance" for it.

Several cases occurred during the past month that are right to the point:

I was called to see Mary ——, a daughter of Mr. S., on the 3d of April last, and there learned that a family—neighbor of their's—living about 100 rods distant, had had the scarlet fever, and from which one had died. Some four or five weeks thereafter they had sent this girl to that neighbor's upon an errand, and as she was about returning home this neighbor gave her a shawl to wear, as the wind was rising and the air was cooler than when she came—the same one used about the little child which died from the disease. In ten days from that time she was taken sick, and it proved to be scarlatina. Within two weeks from the time she became sick five other members of the same family had the disease; *all* of the others having had it. No other cases have occurred in that neighborhood; *all* who were liable to have the disease had it, who were exposed to it, and *none* others.

On the 12th of April last I was called to the son of Mr. P., æt. 4 years, living six miles out of town. I found it to be a case of scarlatina anginosa, and called it such, much to the surprise of the mother, as she said the boy had not been away from home in four weeks, and there had been no one there who could have given it to him. She admitted that a friend of their's had been there after having the disease, and while the skin was peeling off, but he could not give the disease. To all of which I demurred, as I had seen too many cases proving to the contrary, during the past twenty-five years and more, of professional life. It was the only case in that vicinity, as no one was allowed to visit him who would be liable to take it.

The same person, who visited this family with desquamation of the cuticle, called upon friends of his in an adjoining township, and scarlatina followed his visit. No measures having been taken to prevent the spreading of the disease *it spread*, and the physician living in that locality informs me that he has treated as many as fifty cases arising from and following that *one*.

With one question and we are done: If the above cases do not show scarlatina to be a contagious disease, what do they show?

W. L. Wells, M. D.

Howell, Mich., May 18, 1871.

Have They Taken the Right Course?

Eds. Med. and Surg. Reporter:

Seeing an account of the transactions of the Missouri Medical Association, with reference to cheap medical schools, (in Reporter, No. 19, vol. XXIV), has prompted me to write this article, which, if you deem of sufficient importance, I shall be glad to see allowed a place in your excellent journal. Furthermore, being conscious that an attempt is being made to monopolize medical education in this country by men who evidently value "dollars and cents" vastly more than they would have us believe, has also induced me to submit this humble article for publication. There seems to be at the present day a class of medical men who perpetually delight in casting slurs and condemnations at

"cheap medical schools;" and, I am sorry to say, that even medical societies, claiming a great share of the intellect of the profession, indulge in the practice of blaming cheap medical schools for having done more than anything else to reduce the standard of medical education, an assumption which they do not attempt to prove for obvious reasons. Says the Missouri Medical Association in its preamble: "The grand struggle for existence between the numerous schools throughout the country has been degraded, in many instances, to one of mere dollars and cents, by lowering the charges, and that this unprofessional step is accomplishing more than anything else to lower the standard of our profession." We will admit that the standard of medical education is low enough, and too low, but we do not believe that cheap medical schools have done more—"more than anything else"—to accomplish it. The a majority of the members of the aforesaid association adopt a resolution to the effect that cheap medical schools shall not be admitted in their association, and indignantly close the door, refusing to admit "the unwashed." What will come next? I wonder whether they would allow a man who wears a silver watch to become a member; or would a gold one be indispensable? They do not seem to have thought that a man could have ability, and still be a graduate of a cheap medical school! Did it ever occur to them that a school could be a good one and still be reasonable in its charges? Yet it cannot be disputed, that there are cheap medical schools in this country whose advantages are equal to those of many high-priced schools; and it is equally true that there are some schools belonging to both classes, whose advantages are small. In defense of cheap medical schools, it may be said and proved that their Alumni will compare favorably with those of high-priced schools, and that many of them have distinguished themselves as teachers and practitioners of the greatest ability. Proof will be scarcely necessary, when we call attention to the well known fact that the greater number of our best and ablest teachers and practicing physicians are self-made men, and consequently were unable to attend high-priced schools.

Understand, I do not advocate the much abused practice of granting diplomas to unqualified persons by cheap medical, or by any other schools; but the doctrine that good schools are incompatible with reasonable charges is as false as a wooden nutmeg. Would it not be more commendable in medical associations to attempt to remedy the evil by endeavoring to have candidates for graduation—*in all schools*—subjected to a uniform and more thorough examination, than to do an act which would ultimately result in preventing many from entering upon the study of medicine? I contend that it is not the *price* of instruction, but the *kind* that determines its value. Hence, when a school has established itself as to ability by securing able teachers, then let it resort to as low charges as it may see fit; the cheaper the better. I take the passage of such a resolution as was adopted by the Missouri Medical Association to be a gross insult upon the rights of many; and, furthermore, I cannot understand how they have lessened the struggle for dollars and cents by such proceeding. I do not fully accept the position taken by an intelligent physician with whom I was conversing the other day, when he said that medical schools were "a polite humbug," but I do believe them to be of secondary importance, and the knowledge acquired at them I believe to be but an item in comparison with that which the successful physician must possess in order to become so. In conclusion let me urge the members of medical associations not to be too ready to lend their aid in attempting to destroy those institutions whose instructions are within the reach of all; and many of whose Alumni are ornaments to the profession. If these few remarks should be the means of directing the attention of medical men to the *merits*, as well as to the *deficiencies* of cheap medical schools, they will have accomplished all that was intended.

C. J. Kellison.

Branchfort, N. Y.

New Treatment of Uterine Hemorrhage.

Eds. Med. and Surg. Reporter:

I have, in the last fifteen months, been called upon to treat several cases of serious uterine hemorrhage, and have derived decided benefit from the use of a remedy to me novel, namely: the ordinary preparation of arsenic known as Fowler's solution.

On February 10th, 1870, I was called in haste to see Mrs. ——, æt. 26 years, and now pregnant, who had been taken suddenly with profuse uterine hemorrhage. There had been no other premonitory symptoms than pain in the back for a few hours previous to attack. The flow was very abundant, with intervals of ten to fifteen minutes, each discharge being preceded by large clots that required some effort in their expulsion. I ordered ¼ gr. morphia, which was repeated in two hours, and in the time applied cold water over the hypogastric region and injected it into the vagina. At the end of four hours the patient complained of drowsiness, but was no better. I then ordered the following:

℞. Fld. ext. ergotæ, ℥j.
Gallic acid, grs. v. M.
S.—Fiat solution.

Teaspoonful every hour until contraction set up, when the hemorrhage diminished decidedly and the dose was reduced to 30 drops, to be given every three or four hours.

On calling next day I found the hemorrhage still going on, though not profusely as at first. I then ordered five drops of Fowler's solution, three times a day, to be increased by one drop each day until ten were reached; at the same time stopping all other medication. The second day afterward, on calling, I found my patient entirely relieved.

November 15th, 1870, was sent for to see the same patient, and found her having hemorrhage as before, but not so profusely. Her general health being as it was in the former instance, quite poor, I commenced immediately the use of Fowler's solution in five drop doses, to be increased as before; improvement began at once, and by the second day she was entirely relieved again.

Was called October 2, 1870, to Mrs. —, æt. 36 years; the mother of seven children, and two months advanced in her eighth pregnancy. Found her suffering from pain in back and side, with considerable hemorrhage from the womb, which had been brought on by a fall in getting over a fence. I was fearful that detachment of placenta had occurred, but ordered

R.	Plumb. acetat.,	℈j.	
	Pulv. opii,	grs. vj.	
	Div. in chart.,	vj.	M.

S.—One every half hour until asleep.

I called next day and found her free from pain; but the hemorrhage still continuing, I ordered fld. ext. ergot, a teaspoonful every hour until gentle contraction set up, when dose was diminished, as in first case. Having had decided benefit, though not perfect relief in the use of the ergot in the first case, I was thus prompted to give it a fair trial in this one. The result was similar to that in the first instance. I therefore stopped its use and gave Fowler's solution as before, and on returning according to promise the third day after, found all hemorrhage had ceased. From that time the patient went on to full term and was delivered of a fine, healthy child.

January 20th, 1871, was called to Mrs. ——, æt. 39 years and 3½ months advanced in pregnancy. She had once or twice previously to present attack aborted about the end of the 4th month. On entering the room I found her very much prostrated from uterine hemorrhage. She had called two other physicians, who had used everything that is generally used in such cases, without any decided effect; at least without permanent relief. This lady insisted that I should take it from her, using her own words, because she had never gone to full term, when she had such attacks. Being anxious to test the arsenic before proceeding to such measure, I put her upon Fowler's solution, gtt. v., and increased as before. Before I saw the case she had been flooding almost constantly for two weeks, not however profusely.

I enjoined, also, strict rest in the recumbent attitude, and complete ventilation of the room. She complained of itching and burning within the vagina, for which I gave her injection of half drachm of chlorate of potash to the ounce of cold water, which acted very happily; and on calling the next day I found her entirely free from hemorrhage, which cessation was permanent. How the arsenic acts I do not pretend to say. I was first prompted to its use by the necessity of a tonic, in case first, above mentioned; and it is in cases of protracted hemorrhage, with debility and anæmia, that I would especially recommend its use. JAS. T. OWEN.

Claverport, Kentucky.

NEWS AND MISCELLANY.

A Curious Mistake.

Considerable excitement has been produced in Paris by the discovery in the Convent of Picpus of "mattresses furnished with straps and buckles, also two iron corsets, an iron skull-cap, and a species of rack turned by a cog-wheel, evidently intended for bending back the body with force. The Superior explained" (says the writer of this account) "that these were orthopædic instruments—a superficial falsehood. The mattrasses and straps struck me as being easily accounted for; I have seen such things used in French midwifery, and in cases of violent delirium; but the rack and its adjuncts are justly objects of grave suspicion, for they imply a use of brutal force which no disease at present known would justify." To persons at all acquainted with the appliances belonging to old-fashioned orthopædy, all this will seem very absurd. The steel corset, the iron skull-cap, and the species of rack turned by a cog-wheel, are beyond doubt instruments for the treatment of torticollis and of spinal curvature. The best known orthopædic mechanist of England writes to the *British Medical Journal:* "I have not the slightest doubt in the world that the nuns spoke with perfect truth in describing what were supposed to be instruments of torture as orthopædic appliances. To prejudiced eyes, prepared to discover everything horrible, it is easy enough to understand the error into which the observers may have been led; and, although it is by no means complimentary to my special calling, they are not the only people in the world who call orthopædic apparatus instruments of torture. I, as you doubtless know, have for some time attended the convent establishments of London when their inmates needed mechanical aid, and should not be surprised if the appliances which I hold in such esteem should some day be similarly described as those in France. The good people who are raising the present outcry have lighted upon a mare's nest."

No Life Without Phosphorus.

Dr. Franklin has been making some experiments upon the development of fungus growth in potable water; and, as a result of his labors, arrives at the following conclusions:

"1. Potable waters mixed with sewage, urine, albumen and certain other matters, or brought into contact with animal charcoal, subsequently develop fungoid growths and other organisms, when small quantities of sugar are dissolved in them and they are exposed to a summer temperature.

"2. The germs of these organisms are present in the atmosphere, and every water contains them after momentary contact with the air.

"3. The development of these germs cannot take place without the presence of phosphoric acid, or a phosphate, or phosphorus in some form of combination. Water, however much contaminated, if free from phosphorous, does not produce them. A German philosopher has said, 'without phosphorus, no thought,' which may now be changed to 'without phosphorus, no life.'"

Patent Medicines.

A patent medicine vender told Mrs. John Crownover, of Loyalsock twp., Lycoming county, in this State, that ten drops of his "Golden Tincture" would cure her child. She administered one dose, and the child, it is hoped, is now wearing a crown over on the golden shore. The officers of the law are looking after the peddler, whose sovereign remedy consisted entirely of chloroform and ether.

A New York firm has been manufacturing bitters which they claimed contained neither alcohol nor wine, and to which they, therefore, affixed only a four cent stamp. It being suspected that the Government had been swindled, a sample of the "bitters" has been analyzed by order of the Internal Revenue Bureau, and found to contain ten and nine-tenths per cent. of alcohol, and nineteen per cent. of sherry wine. The mixture is, therefore, liable to a tax of $6 on each dozen quart bottles.

QUERIES AND REPLIES.

Involuntary Masturbation.

INQUIRER.—J. R. commenced the practice of masturbation when about 7 years old, and continued it until he was 14 when he found out its ruinous effects and at once abandoned the habit. The difficulty at present is that about twice a week he has seminal discharges, which always take place during sleep, the patient only awaking at the moment of emission. The hand is always used unconsciously, to excite the organs concerned. He has resorted to several expedients to avoid this, such as tying the hand to the bed-post, wearing a mitten, etc., but so far without avail. I have used iron, strychnia, bromide of potassium, cold water, etc., but have failed to help him. There is very little, if any tenderness, over the prostate gland; he has no ailment of any kind, except occasional attacks of rheumatic fever; is 22 years old and unmarried. Will you or some of your numerous correspondents suggest something in the way of treatment at once?

REPLY.—We suggest the use of bromide of iron, grs. v. t. d. and grs. x. or xv., at bed-time, with cold spongings, etc.

OBITUARY.

N. D BENEDICT, M. D.

Died, at St. Augustine, Florida, April 30, DR. NATHAN D. BENEDICT, aged 56 years. Dr. Benedict was well known in Philadelphia, where he formerly practiced medicin , and was for some time superintending physician of the Philadelphia Almshouse, from which post he was called to a similar position in the New York State Lunatic Asylum at Utica. Failing in health, he was obliged to go South, where he resided for about nineteen years, devoting special attention to cases of pulmonary disease, like his own, and establishing warm friendships for himself all over this country by his kind attentions and cordial, pleasing manners. He was a man of good judgment, high integrity, and strong Christian faith.

MARRIED.

ANGEL—BIGELOW—On the 25th ult., at the Presbyterian Church, Morrisania, N. Y., by the Rev. Arthur Potts, Addie, daughter of the late Dr. L. B. Bigelow, of Auburn, and James R. Angel, of Morrisania.

DUNLAP—BACON—On the 17th ult., at the residence of Joseph M. Price, Camden, N. J., by the Rev. Henry Reeve, Dr. Charles W. Dunlap and Miss Fannie E. Bacon.

EWING—LACEY—In Cliftondale, Mass., May 10, by Rev. Joshua Gill, William A. Ewing, M. D., of New York city, and Miss Emily M. Lacey, of Cliftondale.

GILLETTE—CURTENIUS—June 1st, at the First Baptist Church, Peoria, Ill., by Rev. A. D. Gillette, D. D., and S. A. Kingsbury D. D., Walter R. Gillette, M. D., of New York, and Miss Annie Curtenius, of Peoria.

HUNT—CARSON—May 25th, by the Rev. George Robinson, of Lancaster, Pa., Charles O. Hunt, M. D., of Portland, Maine, and Miss Cornelia Carson, daughter of the late Robert Carson, of Lancaster.

PATTERSON—MOORE—By Rev. J. M. Mealy, May 18th, S. J. Patterson, M. D., of Dunlap, Iowa and Miss Anna M. Moore, daughter of Hon. A. P. Moore, New Wilmington, Pa.

POOLEY—WILBUR—At the residence of the bride's father, Syracuse, N. Y., June 1st, by the Rev. Dr. H. N. Pohlman, Dr. Thomas R. Pooley of New York and Annie, eldest daughter of Dr. H. B. Wilbur. English papers please copy.

SUTTERLEY—LOOK—In this city, on the 1st ult., by the Rev. William H. Jeffreys, C. W. Sutterley, Esq., of Camden, N. J., and Miss M. J. Look, daughter of the late Dr. A. Look, of Carrsville, Va.

ZEITLER—GREEN—May 27th, by Rev. William Cathcart, Augustus E. Zeitler, M. D., and Miss Elizabeth Souder Green, both of this city.

DIED.

CARROLL—In Cincinnati, of pneumonia, May 19, 1871 Ann Lynch Carroll, widow of Dr. Thos. Carroll, in the 73d year of her age.

CORSON—In Trenton, N. J., May 28th, Thomas Johnson, son of Dr. Thomas J. and Mary K. Corson, aged 18 months and 27 days.

HOOKE—In Algiers, La., May 24, 1871, Edward W. Hooke, M. D., a native of Castine, Me., aged 64 years, a resident of New Orleans for twenty-five years.

MILLER—Dr. Miller, 60 years of age, of Rockingham co., Va., was killed by lightning June 2, while holding a hatchet in his hand.

MUSTIN—In this city, 31st ult., J. Burton Mustin, M. D., son of John and Mary Mustin, aged 26 years.

Dr. Mustin's death was occaiosned by a wound received while making a post-mortem examination. A brother died but a few days previously, of pneumonia.

PARVIN—On the 3d inst, at the Pennsylvania Hospital, Charles R. Parvin, M. D., son of the late Rev. Robert J. Parvin, aged 21 years.

Dr. Parvin's death resulted from a cause as singular as it was distressing. In performing amputation upon the fingers of a patient the knife slipped, making a slight incision in his thumb, and taking cold in it, pleurisy set in with fatal result.

SHEPHERD—At New Vienna, O., May 13th, Dr. Wm. A. Shepherd, in the 57th year of his age.

STAYMAN—At Tyrone, Pa., May 8th, Dr. A. F. Stayman, of Carlisle.

WILKINS—On the 12th of May, at Tiskawa, Ill., Minnie, only daughter of Dr. John I. and Mary J. Wilkins, in the 10th year of her age.

WILLIAMS—May 23, at Montmorence Park, Aiken S. C., Francke Williams, M. D., recently of West Haven, Conn., son of the late Rev. Samuel P. Williams, of Newburyport, Mass.

WILSON—At Newark, O., June 1, Sabra, wife of Dr. John N. Wilson, of Newark, and daughter of the late Isaac Newton, of Greenfield, Mass.

THE
MEDICAL AND SURGICAL REPORTER.

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Original Department.

Communications.

CASES FROM PRACTICE.

By S. M. Snyder, M. D.,
Of Danville, Pa.

CHLOROFORM—POISONING BY ITS INTERNAL ADMINISTRATION.

On the morning of the 13th of May, 1870, I was sent for in great haste to see a young man who was said to have taken *chloroform internally*. On my arrival, about three-quarters of an hour after the occurrence, I found him completely insensible, and in a state resembling apoplexy, with the exception of the respiration.

It was a case, at first sight, somewhat difficult to diagnose correctly; 1st, because he became insensible suddenly, or quickly, as I learned from the relatives; and 2d, he had convulsions before, and there were also some hereditary tendencies toward nervous disorders.

In order, therefore, to clear up the case satisfactorily and clearly, it became necessary to make an examination of the surroundings, the circumstances and the symptoms. The first evidence was the finding of a two ounce bottle about one-third full of chloroform.

In the summer of 1869 I prescribed two ounces of chloroform for him for convulsions, produced by debauch, but it was not used in consequence of the convulsions being arrested by venesection, performed before the chloroform arrived. At that time I gave directions to take care of it, as it might come useful at some future time. He then lived at home with his widowed mother and was single; since then he married, and lives but a short distance from his mother, at whose house the chloroform was left.

On the morning of the 13th of May he came home from work as usual (for he was on the night turn, as it is called by the men who work in the rolling mills or furnaces during the night), ate his breakfast and went up stairs to sleep, but could not. He then dressed, came down stairs and went to his mother's house and got the chloroform. From there he went to his brother's house, near by, and then returned home. While at his brother's house he made some expressions to the effect that he was dissatisfied and troubled. After returning home, he again went up stairs and his wife followed him and asked him if he was sick, and he replied in the negative. Shortly after this she went down stairs and had been down but a few minutes when he called to her to bring some water up to him. By the time she reached him he seemed strangled and already delirious. He vomited a small quantity of ingesta, and she said the fumes that came into her face were very irritating and suffocating. She found the bottle on a chair by the bedside with its contents partly emptied, whereupon she called her uncle and sent for me immediately.

When I arrived the pulse was between 80 and 88, and feeble; the pupils were widely dilated; the breath highly charged with chloroform, and the respiration 40 in the minute, quick, and yet somewhat difficult. From the symptoms, etc., I therefore came to the conclusion that he was poisoned by chloroform taken internally.

During the first four hours the pupils remained dilated; the remaining period of insensibility they dilated and contracted every few minutes, and were not effected by strong light. The pulse remained about the same throughout. The breath gave off strong and distinct fumes for five hours. The respiration

was more singularly effected. When the body rested on the right side, and the head drooping forward and downward, it would be about 40 per minute and regular. If the body were placed on the back, it would be entirely suspended, and two or three times it was restored with difficulty. Whilst under its influence, the face was livid, and the lips red and dry, presenting the appearance as if something very irritating had been brought in contact with them. The cutaneous surface during the first six hours was natural, but during the last two there was very free perspiration, large drops standing on the surface and saturating his garments as if they had been dipped in water. The comatose condition lasted nearly eight hours. He then gradually became sensible and continued so. The following day he made a confession to me, stating that he had taken the medicine with criminal intention.

The treatment consisted, while under its direct influence, in free ventilation, cold applications to the head, and whenever there was arrested respiration, turning the body over and forcing the fingers up under the diaphragm. After consciousness had completely returned, symptoms of gastro-enteric inflammation were present. The first twelve to fourteen hours he complained of burning pain over the region of the stomach and bowels; and everything taken into the stomach was immediately rejected. For this I ordered chalk mixture, wine of opium and fluid extract rhatany. This produced but little relief, and the following day I ordered calomel and powdered opium to be followed by castor oil, and fomentations over the abdomen. This arrested the vomiting and gave some relief. On the third day the pulse was 124, and the skin dry and hot; but the pain was greatly relieved. I then ordered the following:

℞. Pulv. opii, gr. iij.
Bismuth s. carb., ʒss.
Ft. chart, No. viij. M.
S.—One every three hours.

From this time onward he continued to improve and return to health. The amount of chloroform taken was about two-thirds of two ounces. I may remark in this connection that his having taken it on a full stomach, and perhaps some of the chloroform being ejected shortly after having been taken, had no small share in lessening the danger and the result; and I feel confident, from the effect it had on him, that he will never meddle again with an agent which he knew so little about.

FOUR CASES OF PUERPERAL CONVULSIONS.

About midnight on the 3d of Feb., 1868, I was called to visit Mrs. A., primapara; æt. about 20 years; light, curly hair; rather full face; œdematous in nature; weighing about 120 pounds in health, and about in her seventh month of pregnancy. In the evening she had returned home from church, and it was said that a portion of the road was icy, and that it was with difficulty she had kept herself from falling. Before reaching home and after, she had several severe pains; and the husband becoming uneasy, came for me. When I arrived the symptoms were those of abortion; and as I had some powdered opium along with me I gave her about the sixth of a grain, and left a few powders containing about the same amount, with the direction that they should be given every hour until they produced relief—or in case anything transpired they should send for me. About half an hour after the husband came again for me, stating she was worse. Shortly after I had reëntered the house she was seized with a convulsion which lasted a few seconds. When it passed off she looked somewhat staringly, but was partly sensible. When asked if she had any pain she replied she had none. The first occurred about 1 o'clock A. M. In the course of half an hour or more, I do not recollect now, because I took no notes at the time, she had another. In the mean time I made an examination and found the os uteri dilated to about the size of a twenty-five cent piece. I remained with the case during the night, and by daylight the os uteri was sufficiently dilated, as I thought, to admit of version. I sent for assistance and chloroform, and about 7 or 8 o'clock chloroform was administered, and I delivered a live fœtus of about seven months, performing version by the feet, the vertex presenting. Chloroform had no control over the convulsions, neither had the delivery; they continued until death closed the scene, about twenty-four hours from their commencement.

During the night I gave two or three doses of fl. ext. valer., Hoffman's anodyne and tr. digitalis, and suspended the opium. I did not perform venesection, as the appearance and the history of the case did not recommend it. If I should meet with another similar case, however, I would resort to it, although I have read the experience of others who have used it to its utmost extent, and have been disappointed with it. The object in using the

Hoffman's anodyne, valerian and digitalis was, if possible, to quiet nervous irritation until delivery could be accomplished, hoping that when that was accomplished the convulsions would cease. In this I was disappointed. After delivery I tried to administer bromide of ammonium, but could not on account of inability to swallow. I saw an article in some journal, stating that it is not difficult to administer it in convulsions, but my experience with it in this case, after coma began to be more complete, was different. It might have been given in the first hours of labor, but not in the latter, or after delivery. As swallowing could not be accomplished, I gave her an active enema, which unloaded the bowels, but produced no other favorable result. The convulsions doubtless were the result of albuminuria, as she had been complaining for some time, and appeared to her r latives, who had advised her to consult some one, but had failed to do so, very much bloated and dropsical.

One remark more in the history of this case: but in so doing, I do not wish to be considered credulous or superstitious. Those who knew her have told me since that she had *very frequently* said, "I will never get over it," and had given directions how and where she wished to be buried, etc. She seemed to have had a firm conviction that this would take place, and yet she did not dread it. Such manifestations, when I attended lectures, were considered very unfavorable and were to be discouraged with the greatest assurance of recovery. Doubtless, all physicians have found such cases, whether in surgery, medicine or midwifery, less influenced by treatment, as well as more fatal than cases wanting such peculiar manifestations.

The second case occurred on the 22d of November, 1870, in the person of a stout, heavy, primaparous woman, about five feet, two or three inches high, weighing about 160 lbs., and in seventh month of pregnancy. I was sent for in the night, about two or three o'clock, and from what I learned of the messenger, the husband, I dismissed him with the directions to give her a dose of purgative medicine; apply mustard to the back of the neck, and keep the head cold with water. At my first visit, 8 o'clock in the morning, I ascertained these facts, and found the patient in the following condition: At three o'clock the convulsions commenced, and had continued ever since. They did not send for me again, because she had "fits" before, and they thought they would pass off; I have seen her in several of them, but they were hysterical and epileptic in character. Her mother also has had them; I saw her in child-bed about four years ago with her seventeenth child, and she had several then; she was a very lusty woman, weighing from 250 to 300 lbs., and this daughter partook of her nature to a great extent, with the exception of weighing something less. I, therefore, did not feel as uneasy about her as if the system was unaccustomed to such influences; although these were of a different nature from those which I had seen her have before; she had also been a great gormandizer, as her appetite was almost insatiable.

The premonitory symptoms had been pain in the head, vomiting, pain in the back, general restlessness, and diarrhœa the day before. The pulse was 84, full and strong; the face flushed, and the skin somewhat dry, excepting about the forehead, which was covered with large drops of perspiration; the pupils during the convulsions slightly dilated, and contracted during their absence; the convulsive act lasted from one to five minutes before delivery, and about twenty minutes apart, perfectly insensible; uterine contractions every ten or fifteen minutes, and the os uteri not sufficiently dilated to make out a correct diagnosis of the part presenting. Having examined the case, and ascertained the above facts, I requested a consultation. This being done, we decided to bleed her freely, as her general appearance and symptoms indicated it; accordingly a tin wash-basin, holding about two quarts, was nearly filled; this had no apparent effect on the attacks; they continued as before, with perhaps this difference, that they were longer, more severe, and about five minutes further apart. It was, therefore, desirable that labor be terminated as speedily as possible: examination was again made, and the os uteri found dilated about one inch and a half in diameter; pressure with the finger was instituted, and in the course of an hour dilatation was pretty effectually accomplished. The breech was found presenting; the membranes were then ruptured; a fillet, with considerable difficulty, was passed over the anterior groin, and delivery accomplished by traction. Considerable difficulty was ex-

perienced in extracting the head, as the os uteri contracted around and retained it. The child was still-born. At 11 o'clock A. M., fifteen minutes after delivery, she had a long and severe attack, affecting principally the left side; the face and head also were convulsed, affecting one side and then the other. This convulsion lasted about three quarters of an hour.

After this subsided the coma was profound, the pulse very feeble and frequent—from 160 to 180 in the minute; the respiration groaning and sighing; bloody saliva, being forced out by the expirations, appeared at the mouth, and the face and forehead were covered with large drops of perspiration. I then ordered the following:

℞. Bromide potass., ʒiv.
Syr. simp., f ʒiij. M.
S.—A tablespoonful every hour.

First dose was given fifteen minutes after 12 o'clock. Another dose was ordered to be given an hour after, and I left the case, promising to return soon. Returned at two o'clock. Had one convulsion during my absence. This was the last one. For two or three days she remained with her eyes shut, apparently insensible, although sensitive when pinched or pricked with a pin. After this her eyes became open, and she looked around wild and vacant. The appetite was craving and depraved, for she not only would eat large quantities of allowable food, but dishes of any other similar thing given her, or that were within reach. Defecation and urination were performed in bed, with obstinacy and persistency. To prevent this, physical punishment, as the cupping glasses, blisters and the hot iron, were threatened. These manifestations I believed to be somewhat hysterical in nature, as she had acted somewhat similarly on previous occasions in my own experience with her, and I therefore spoke of this mode of treatment in her presence. Nothing, however, was done besides cupping. This she tried to prevent, for as soon as one was put on she would twist and turn around in bed until it was thrown off. After this, about the fifth or sixth day after confinement, she got out of bed and used the close stool, and there was no more trouble from this source thereafter. She began to speak on the fourteenth day after confinement, in monosyllables, as "yes" or "no," when asked if she desired anything, and when pricked with a pin or pinched, by "outch" or "don't." From this time onward she continued to talk, as occasion required, sometimes very much deranged and at others more rational. Recovery was perfect, with the exception of the mental faculties. This has continued up to the present time, now six months since the date of the confinement, the derangement being of the character of dementia, not very grave, but sufficient to be noticed by any ordinary observer.

NOTE.—Since writing the above, the sister has informed me that the stepfather had struck her on the head a short time previous to her sickness; that she had complained frequently of intense pain in her head, and that a "mark" (whether a depression or a node I cannot state, as I have not seen it, she being now away, and I not knowing it at the time) can be seen on her head. Doubtless this was the exciting cause, and pregnancy the predisposing. I saw a case somewhat similar about two years ago, with the exception that there were but three convulsions, no abortion, about the same time for speech returning, and sligh dementia following. This was produced by falling down a pair of stone steps and striking the head against a stone, producing a depressed fracture of the skull.

The third case occurred in the practice of a brother practitioner, on the 1st of March, 1871. On my arrival I found a primapara at full term, labor far advanced, the os uteri being fully dilated, the membranes ruptured, and the head low down in the pelvis. The doctor had bled her and administered bromide of potassium, without controlling the convulsions. She had then had four or five. As labor was expected to terminate naturally every moment, interference was thought best to be postponed for a short time. About half an hour passed by, and another convulsion came on and we decided to deliver her immediately with the forceps. While she was yet in the state of coma I applied the forceps and delivered her of a living child. This was the last convulsion. Both mother and child, I afterward learned, did well.

This, as well as the following case, was produced from nervous irritation, and excited by powerful uterine contractions. Five days after the preceding case I was called to see a stout German woman in her fourth confinement. Labor pains had been felt for about twenty-four hours, and for the last two or three had increased in force and frequency. She had had two or three slight convulsions before

my arrival; and it was for these in fact that I was sent for, as I was told by a woman who was waiting on her, and who was desiring to officiate as midwife. I made a digital examination, and found the os uteri dilated so as to admit the end of the index finger. Through the uterine contractions, pressure of the finger against the os uteri, and rupturing the membranes, the os speedily dilated and delivery was accomplished in about two hours. One twenty-grain dose of bromide of potass. was given about half an hour before delivery. She had five or six convulsions after my arrival and none after delivery. Venesection was not performed. Both mother and child did well.

SPOTTED FEVER.

By I. N. Snively, M. D.,

Of Waynesboro, Pa.

Susan Nichols, æt. six years, took ill suddenly on Wednesday, April 5th, 1871, at 11½ o'clock, A. M., complaining with cephalalgia, languor and pain in her neck. At 1 o'clock P. M., she took a chill, which was followed with fever and chills, alternating until 4 o'clock P. M. when she was thrown into a violent convulsion, which lasted half an hour. She grew quite cold and was much prostrated. After reaction took place fever increased until 5 o'clock P. M., when she took a second convulsion, which lasted an hour, and she was thought dying. Reaction again took place slowly, which was followed by stupor and tonic contraction of the muscles of the neck and back, causing retraction of the head, and slight opisthotonos. The family physician, Dr. Barrack, of Sabillasville, Maryland, was sent for, but could not attend on account of prior engagements, and I was unable to see her until 11 o'clock P. M., when I found her in the above condition, with contraction of one, and dilatation of the other pupil. The conjunctiva injected—great restlessness and subsultus tendinum; the pulse small, frequent and irregular; skin moist and not very hot; respiration frequent and irregular, interrupted by sighs; the tongue coated and dry. I used dry cups to the nape of the neck, cold applications to the head, and warmth to the feet. Turpentine was freely rubbed all along the spine. The following was prescribed:

℞. Potass bromid. gr. v.
Comp. tinct. verat vir., gtt j.
Alternate with

℞. Podophyllin, gr. ¼.
Leptandrin, gr. ½.
Potass. bitartrat, grs. ij.
Every two hours, until the bowels be freely moved.

Thursday, 6th, 10 o'clock A. M.—Less fever; bowels constipated; petechial spots, from the size of a pin's head to that of half an inch in breadth, all over the body. The case looks unfavorable. I ordered free ventilation and the use of disinfectants, to prevent the disease from spreading, and all children to be kept away. The same treatment was continued; there being no action on the bowels in the evening, two tablespoonfuls of castor oil were ordered, which brought about free catharsis during the night.

Friday, 7th, 10 o'clock A. M.—There being great restlessness last night I gave two five grain doses of pulvis doveri, which procured my little sufferer a quiet sleep in the after part of the night, from which she awoke quite rational this morning, with impaired hearing and entire loss of sight. Consciousness lasted only an hour, when she again relapsed into a stupor. The cups were reapplied, and turpentine freely rubbed all along the spine, and more purgation of black matter resembling tar, which seems to have been locked up in the upper bowels.

Saturday, 8th.—This morning there was again a remission, and my patient gained force and volume of the circulation; tongue cleaning. She takes milk and animal broths for nourishment. The head still continues retracted; cups reapplied, and turpentine applications along the spine continued.

Sunday, 6th.—Improvement goes on; the same treatment continued. This morning Jacob (the only child about the house, the rest of the children having been sent away), æt. 8 years, is taken suddenly with vomiting, pain in the head and neck, and hyperæsthesia of the entire surface of his body, rendering the slightest contact a source of great suffering. Chills and fever alternating; skin dry; tongue dry and heavily coated; respiration hurried; great restlessness and convulsive movements of many of the muscles; petechial spots beginning to show over the entire body, even on the cornea of the eyes. Symptoms very grave from the beginning. Prescribed the same treatment as for his sister, with the addition of enemas to hurry the action of the purgative medicine.

Monday, 10th.—Susan is rapidly recovering;

Jacob is more prostrated, and no action on his bowels has been produced; pulse, 160 per minute. He is in a profound stupor. The potass. bromid. controls the nervous symptoms, and the twitching of his muscles has ceased. Treatment continued.

Tuesday, 11th.—Yesterday afternoon Dr. Barrack called in to see my patient and ordered three large doses of calomel, which were followed by castor oil, with very little effect upon the bowels; not any I fear on the upper bowel, as there was none of that tar-like matter passed which was passed from his sister. At 11 o'clock P. M. he died.

Wednesday, 12th.—Convalescence is fully established with Susan. I dismissed her with her hearing somewhat impaired, but with full restoration of her sight. The following was prescribed during convalescence.

℞. Potass. bromid., gr. v.
Tinc. ferri. chloridi, gtt. viij.
Every three hours.

April 19th.—Susan has fully recovered.

These cases occurred on the summit of the South Mountain, in Germantown, Md., along the line of the Western Maryland RR., which is new in process of construction, in as healthy a locality, no doubt, as there is in the world. Samuel Nichols, the father of these children, lives in a small one-story house, 16 by 20 feet. The inmates consisted of thirteen—six members of his own family and seven Irish boarders, workmen on the railroad, who also lodged there. Dr. Barrack informs me that about four weeks before these cases occurred, a hale young Irish woman was taken ill suddenly in one of the railroad shanties, a short distance from this house, and died on the ninth day. The physicians in attendance pronounced this case brain fever, having reference, no doubt, to acute cerebral meningitis. Mrs. Nichols saw her during her illness, and says she was full of spots all over her body, and had her head drawn back, like her children. This statement was corroborated by Dr. Barrack, who saw her just before death, and says he is satisfied she labored under the same disease as these children, from the effects of which she died. I am satisfied spotted fever, or cerebro-spinal meningitis, is propagated by contagion or infection, very much like typhus, and the specific cause can generally be traced to overcrowding, imperfect ventilation, etc. Children seem especially liable to attack.

During the war I had an opportunity of seeing a number of cases in and about Chambersburg, Pa. The disease first broke out in the lowest and dampest portion of Camp Slifer. The first case occurred in a private family in Chambersburg; the subject was a little girl that had visited the camp with a basketful of dainties for the soldiers, and absorbed some of the specific poison, which destroyed her life inside of 48 hours. She was a patient of my late partner, Dr. J. C. Richards, of that place, with whom I had the honor of seeing this and many other cases afterward. A short time after this little girl took ill, some half dozen, strong, healthy soldiers fell victims to this fatal malady, and I am of opinion all died. A thorough cleansing of the camp and hospital, and the free use of disinfectants, prevented a general epidemic of the disease. Quite a number of children, however, in different parts of the town, were attacked, and nearly all died or were left with general impairment of the functions.

SCALDS AND BURNS.

By A. D. Binkerd, M. D.,
Of Parker's Landing, Pa.

The writer having on two occasions in The Reporter, spoken in somewhat laudatory terms of a preparation compounded and used by him in dressing burns, now takes pleasure in placing before your readers a cut from a photograph of Raymond Suttlemyer, a boy thirteen years old, who was severely burnt by an explosion of gas at a new well near Bear Creek, on the 15th of March of the current year.

Surgical aid was summoned at once, and the usual dressings, carbonate of lead, carron oil, lime water and linseed oil, raw cotton, etc., promptly applied. The usual therapeutic value of these several remedies was manifest.

The case being one of unusual severity, fell into my hands on the fourth day after the accident. I found the patient so swollen that he had not seen light for three days, full of tortures and constitutional disturbance. The hands were completely flayed from the wrists to the finger tips, and on removing the crisp superficial fascia, holes appeared in the areolar tissue exposing the muscles. The forehead, eyes, nose, lips, cheeks, chin, neck and ears, were thoroughly cooked, and sloughed away in heavy masses.

The patient complained not only of the pain

but also of the offensiveness of the dressing and the stiff unwieldiness of the parts to which the lead had been applied.

These are the best reasons why such remedies should be discarded. The smell of a burn undergoing the sloughing process is offensive enough at best, and I see no propriety in nauseating the patient by adding carron oil. This, together with lime-water and oil are so provokingly nasty that they are deservedly going into desuetude.

Whatever excellence may be claimed for the carbonate of lead as a dressing for burns it must be materially diminished when we take into account its unsightly lack of tidyness and the difficulty of removal from parts covered with hair adjacent to the wound. It is a slovenly dressing, wherefore we discard it altogether.

In our modicum of experience with burns in this oil country, we have found the following course of treatment to be productive of most satisfactory results. Glycerine and carbolic acid, one to three drops of the latter to an ounce of the former, carded cotton and a moderately firm roller, for two or three days, or until sloughing has begun. Cleaning the part thoroughly twice a day with tepid soft water and a fine brush. This should not be trusted wholly to the nurse. We generally do it once a day ourself in presence of the nurse, who is expected to improve by example rather than by precept. "Wax and ile" on patent lint, cut in small pieces and neatly applied with roller bandage have, in our hands, done all that is claimed for them. Of course anodynes and astringents, as per formula, must be varied to suit the nature of the case. Constitutional treatment must by no means be neglected. We insist upon cleanliness.

The case of Suttlemyer was photographed nine weeks after the accident. Although the entire skin was removed from his lips, nose, eyes, ears, cheeks, neck and forehead, so far as uncovered, there is but little mark, and no deformity. The ears are always longest in healing. This must be due to lack of warmth in the parts when circulation is partially arrested. This patient has complete use of one of his hands, while he can only partly close the other. So far there is no distortion from drawing of the inodular tissue.

[The photograph reveals no perceptible deformity, so we have not reproduced it.—Eds. Reporter.]

Hospital Reports.

UNIVERSITY OF PENNSYLVANIA.

Service of Dr. J. E. Garretson, Lecturer on Surgical Diseases of the Mouth.

April 22, 1871.

[Reported by De F. Willard, M. D.]

Resections of Inferior Maxilla.

Gentlemen: I propose this morning to illustrate the subject of the removal of portions of the inferior maxillary bone, by various cases which have presented themselves at our clinic for relief, and during the hour, while they are being successfully etherized, I may be able, though disconnectedly, to give you a little lesson upon the various diseases requiring such operation.

Case I.—Is this woman, W. G., æt. 50 years, who came to us with the growth which you perceive upon her gum, at the position of the left inferior first bicuspid. It commenced as a small ulcer some two years since, but from neglect has been allowed to progress until now the alveolar process is implicated. This ulcer has been treated at different times, but, as my probe clearly reveals, the bone has now become markedly carious, and further attempts at cure will be futile unless we remove all traces of the disease.

From the appearance and history, I am convinced that this is an epitheliomatous growth. It is "epulis," according to some writers, yet you will remember that epulis is not with us a distinctive malady, for we do not use that word as a noun-substantive, but merely as an adjective. We recognize no epulides, but we use the term to describe the anatomical location of a disease, not to denote its pathological character. Epulo-fibroid, epulo-cartilaginous, epulo-carcinomatous, and epulo-epitheliomatous tumors we prefer to say, since epulis itself, *epi oulon*, means simply "upon the gums," and anything situated upon the gums is therefore epulis (*vid.* Reporter, Aug. 13, 1870). This growth we call, then, epulo-epithelioma, and, realizing, as we do, that although epithelioma is at first a local disease, yet we know it may become constitutional and destroy life. Thorough removal, then, is our advice, and this should be done so completely as to leave no traces of diseased structure. The section required will probably include the alveolar process of the tooth above mentioned, together with that of the second bicuspid and canine, with possibly the second incisor. Its depth will depend upon the condition of the bone, since we must be guided entirely by this. Healthy bone, as you know, is easily distinguished by its fresh, white appearance, studded with numerous red vascular points, while its periosteum is smooth and intact. This section

can be easily made after removing the three or four teeth by a pair of short forceps cutting directly through the bone at the two ends of the intended section, and then either using a small Hay's saw to make the horizontal cut, or a pair of cutting forceps with the blades placed at right angles to the handles.

There is no need of any external incision, but the soft parts will be freely dissected from the bone before the forceps are used. The dressing required will be almost nothing, since wounds in the mouth are apt to heal comfortably and satisfactorily, the saliva being not irritating but beneficial. If there is any bleeding, plugs of lint saturated in alum water will speedily arrest it, and a slight astringent wash, will be the utmost that will ever be required.

[Operation performed. The hemorrhage was but slight, and soon ceased voluntarily.—DeF. W.]

This is one of the diseases, gentlemen, which demand the removal of this bone; but there are many other causes which compel a similar procedure. All carcinomatous growths of the jaws, for instance, should be thus dealt with, provided it is advisable to interfere with them at all, a fact which must be carefully weighed by the surgeon in each individual case. Malignant growths will frequently present themselves to your notice in this as in other parts of the body, and it will sometimes be a difficult question for you to decide whether life will be prolonged or comfort enhanced by an operation. Study your cases, gentlemen; obtain all the knowledge possible from books, teachers, clinics, and all other sources, but learn to be independent thinkers —learn to use the faculties with which God has endowed you, then you will become truly useful, and will yourself recognize it. Because one scirrhous breast is removed,—because one cancerous jaw is resected, do not conclude that all are to be similarly treated. While you are physicians be also philosophers.

In cases of epithelioma there can seldom be a doubt as to the course to be pursued when the disease is seen in its early stages; and here let me advise you never to allow your patients to delay such a procedure for a month, or even a week, if circumstances are favorable, for it is not within our knowledge to say the moment at which constitutional contamination is to occur. Numerous cases have come under my observation where persons have lost their lives simply by neglect of this injunction.

In all resections of the jaw be thorough in the removal of all parts, even well outside the disease; yet at the same time pay attention to the after comfort and appearance of your patient. For instance: a young lady came to my office, some years since, with an epulo-fibrous tumor, occupying the lower jaw, which I immediately saw was of the recurrent type. Wishing, however, to spare all needless deformity, I advised her to have simply the alveolar border resected, with the distinct understanding, however, that there might be a return of the difficulty. In the event of such return I showed her that a second operation could be performed which would still preserve the contour of her features, by leaving simply the rim of bone along the base of the jaw, and should further trouble arise, a complete section could then be made. Several surgeons had advised complete removal at once, but I felt justified in the course advised, by the fact that life was not in immediate danger, and the major operation was at any moment available.

I performed the first section and it was not a success, the disease soon reappearing, and again I was most strongly urged to make a complete resection; yet I remained firm to my first convictions of right, and performed the second, leaving a complete rim of bone along the base, and this time I was gratified to find that I had not only removed the disease (there having since been no tendency to return), but had also saved her attractive face. Spare the features, then, when possible, but do not do so when it interferes in any way with safety.

Simple and compound cysts, osseous tumors and exostoses may all become causes which will compel you to remove portions of this bone.

These osteomata are not common; but when situated upon so prominent a portion of the body will demand relief. Upon the teeth themselves we sometimes find true ivory exostoses [Odontoma, Virchow. —DeF. W.]; but these are quite rare, and will but seldom demand removal of more than a small portion of the adjoining alveolar process. These ivory exostoses, consisting of compact bony tissue, with Haversian canals and true lamellar systems, may, however, develop in the bone itself.

Giant-celled sarcomata are also found in the lower jaw, but their removal is of doubtful propriety.

Cartilaginous tumors, when invading the jaw, usually affect the bone in its entire extent, and are rapid in their growth, tending to quick destruction of all the surrounding parts, although LEBERT mentions a case (*Abhandlungen*, p. 197) where DIEFFENBACH removed such a tumor by three operations and the patient recovered.

I have now to show you—

CASE II.—Who presents herself with a small tumor upon the right alveolar process of the lower jaw, at the canine tooth, which is variable in its size, being sometimes large and dense, while again it is soft and flaccid. This I can only attribute to its being an erectile growth, analogous to the nævi, and such it truly is—an epulo-erectile tumor. I believe it to be associated with the periosteum, and my probe reveals the fact that the underlying bone

is also diseased. I shall, therefore, resect this and the adjoining alveolar process, using the cutting forceps to accomplish it, after first dissecting off the tissues of the gum.

[Operation performed. The tumor was so small that there was no difficulty in working well outside its boundaries, and the bleeding, though considerable, was not at all troublesome.—DEF. W.]

CASE III.—Here is a woman who was before you last winter (*vid.* REPORTER, March 11, 1871, Case III) suffering from necrosis of the jaw, consequent upon neglected alveolar abscess. As I then told you, we had little to do but to support the system and endeavor to assist nature in the separation of the bone slough. This, you will remember, we proposed to do by the injection of stimulating materials, such as equal parts of tinct. iodine and tinct. capsic. comp., and afterward by an injection of acid. sulph., one part to seven of water, as recommended by Pollock and others. In regard to this sulphuric acid treatment, although you have seen me use it before the class, yet I am undecided as to its utility. I do not condemn it, neither can I heartily give it my support, since any remedy in such a slow operation as is the separation or decomposition of a sequestrum, should be tried before its true merits or demerits may be recognized. Nature does so much herself that we must be guarded in our statements as to the assistance which we render. Because one case recovers or does well under a certain form of treatment proves nothing,—it is only as the testimony of one witness needing further corroboration.

To the above measures we have added tonics, good food and stimulants, as well as the attempt to save such portions of the bone as might be partially dead, by stripping off the periosteum in advance of the disease by means of little tents of cotton or sponge, thus saving the osteo-genic powers, but all these have been unsuccessful.

You have become familiar with all the different steps of the treatment, as she has been repeatedly before you, and you will remember that she has never presented that robust, healthy appearance which would have been favorable to an arrest of this death of the bone. Some two months ago you will remember that I found a large sequestrum lying in the tissues, which was removed by an internal incision, and proved to be the entire ramus, save the coronoid and condyloid processes. That this was not all the necrosed bone is proven by the characteristic pouting teat-like prominences which you see at the orifices of these pus discharging sinuses, and this same fact is also made evident by the probe. The entire remaining portion of that side (the right) is dead, and is now only a foreign body, increasing drain and enfeebling the patient.

In regard to resection of this bone for necrosis you have heard me express my views, especially in regard to phosphor-necrosis, since the bone is often in that porous, spongy condition that the remaining portion easily absorbs deleterious materials, and pyemia is the fatal termination of many cases. In the present case, however, the ramus is already taken away, and the only remaining portion is that from the angle to the symphysis, so that the above danger is therefore lessened.

I have been hoping to save some portion of this jaw, but now find it impossible, and propose to-day to remove all the portion alluded to. This will make a resection of considerable magnitude, and will necessitate, because of peculiarities in this case, an external incision from the centre of the lower lip to the point of the chin, and thence along beneath the bone of the aw as far as the angle; I am afraid to risk the cul de sac which would result from an internal operation. In regard to external incisions upon the face, I would advise you, gentlemen, to spare the resulting prominent marks which must necessarily be permanent, provided you can do it without interference with the success of the operation and safety of your patient. The use of a mouth stretcher will render it possible to perform many resections without any division of the skin, but when the section is large I would not oppose you in exposing the parts, particularly in cases like this one, when pus-poisoning is the great danger to be apprehended. If you are careful in the approximation and adjustment of your wound, a union may be secured so rapid and perfect that the resulting scar will be insignificant. Safety and freedom, must be your first guide; appearance the second.

In removing a jaw by external section, you must bear in mind its anatomical relations, and endeavor to do as little damage as possible to the surrounding structures. If your incision is carried far back, you will probably divide the facial artery, but a ligature will easily prevent annoying hemorrhage. The inferior coronary and labial vessels will almost certainly be injured, but will not be troublesome. You must remember the submental and submaxillary arteries, and also, when the section is complete, the inferior dental since it will necessarily be divided at the point where it enters the posterior dental foramen.

Be careful also of the tongue, the sublingual artery and gland, and the submaxillary gland. Where complete resection is performed, much hemorrhage can be saved, and great benefit also derived by removing the jaw by the process of enucleation, *i e.*, not cutting away the attached tissues, but raising the periosteum from the bone itself at the anterior portion, and inserting beneath it the handle of a scalpel, slowly tear it away throughout the whole extent. In this way an entire jaw can be removed with little danger, and you have also saved a struc-

ture which will be of incalculable benefit in the production of repair; in fact, in some cases we may expect that large portions of the jaw will be reproduced. This is an actual fact, and has been proven by a number of cases. Should the periosteum be diseased, however, then the retention would be detrimental, since it would be but the center for a reproduction of the malady.

When disarticulation is performed, this method is particularly to be followed as far as practicable, since the removal of coronoid and condyloid processes is certainly attended with considerable danger by reason of the proximity of the internal carotid and maxillary arteries. If you cut the temporal muscle from its attachment upon the coronoid process the hemorrhage will be quite profuse, from the muscular arteries entering its substance; and the same is true of the masseter and pterygoids, as they are severed from the ramus and neck. In disarticulating you will use but the point of the knife, carefully nicking first the external lateral ligament, then entering the joint through the capsule, and turning out the head of the bone, divide the internal lateral midway between its origin from the spine of the sphenoid and its insertion just above the commencement of the mylo-hyoid groove, upon the inside of the dental foramen. The stylo-maxillary ligament, which comes down from the styloid process, to be inserted just behind the angle, will also need division. In this exarticulation of the condyle, however, I would advise you not to use the knife, since the internal maxillary artery is in immediate relationship and is a large vessel. A narrow gouge or blunt chisel is far preferable, since the periosteum can be thus detached with dispatch and safety. This accomplished upon either side, the bone is free and can be removed as a whole, as you see in this badly necrosed one which I now lay on the table before you, taken but a few days since from a young lady patient.

The bleeding arteries can readily be seized and tied, and venous hemorrhage checked by the pads of lint saturated in alum water, which you can immediately insert. These can remain in position for twenty-four hours, at which time they may be removed and fresh ones substituted if desirable, but care must be taken that none remain behind. Strict cleanliness is to be enforced by constant syringing with permanganate of potash, or other disinfectant. The external wounds are nicely approximated with hare-lip sutures about the border of the mouth and simple interrupted silver sutures in other portions of the face. A few adhesive strips are loosely applied, and cold water dressings laid over the parts. The cure is usually speedy if erysipelas or other accident does not occur, and you will probably be surprised to find to what an extent nature will repair the deformity, especially when the periosteum is saved, as I have before remarked. In a case, mentioned in my book on Oral Surgery, several years have now elapsed, and although the entire half of the lower jaw was lost, yet to-day the boy looks as though no such loss had ever occurred, his face being exactly as it was before the operation, while, as far as I can see, his mastication is about as good as ever, allowing for the loss of teeth upon that side.

In regard to the power of periosteum to reproduce new bone I think there is no doubt, if we can trust the experiments of OLLIER, DEMARQUAY and others, for from their statements not only may this be done, but bone may even be made to grow in an unaccustomed situation by transplantation of this membrane.

In reproduction after resection, it would seem as though the periosteum must be the only source of the callus-like material, yet GOODSIR, I believe, contends that periosteum cannot be detached from living bone without tearing away minute portions of bone with it, and that these are the points from which the generative process commences, rather than from the periosteum itself. BILLROTH also does not give to periosteum the exclusive bone-forming power. In fracture, he says that the new formation occurs in the medulla and Haversian canals of the bone, as well as in the periosteum, and consists at first of small round cells, which increase greatly in number, and infiltrate the tissues above mentioned. This neoplasia, he says, may ossify directly or may form cartilage, and subsequently undergo the process of ossification. Being formed by cell-infiltration of bone itself, it would seem certainly in cases of fracture to take from the periosteum the exclusive osteo-plastic rôle, and in support of this he remarks that were this not so there could be no development of the bone at points where tendons are inserted and the membrane is absent.

Even in normal growth, moreover, he says, that we may just as correctly regard the layer of young cells lying on the surface of the bone and extending into the Haversian canals, as belonging to the bone, as to the periosteum.

The substance produced in these cases of resection, as I have said, is still, I think, almost entirely from the periosteum, and therefore we should leave as much of it as possible.

In conclusion, then, gentlemen, let me say a word in relation to the tearing off of the periosteum in advance of a progressing necrosis, by means of inserted tents of sponge or cotton, which I mentioned in the early part of my lecture. It may be objected that we may thus extend the disease beyond the point which would have been reached had it been left to nature, and possibly this may be true in some cases, but when you feel sure that a cer-

tain amount must be lost, as, for instance, in phosphor-necrosis, where it is almost a rule that the bone will die back to the ramus, I think that the portion of the bone destined to necrose has its death materially advanced by this procedure, and will thus necessarily hasten the exfoliation and consequent drain.

Resections will not often be required at your hands for necrosis, since nature is usually able to separate the slough herself, provided good nourishment is furnished.

I shall use the saw in this case, although it is a treatment which you have never heard me recommend in necrosis, since I always prefer to wait for the line of demarkation; but I do it in this case because this line will not designate itself, and because without immediate relief this woman will, I am satisfied, die from the resulting irritation. She is worn out by the long drain, and I am brought to the point where the least of two evils is to be chosen.

Resection will be an operation quite often required for epulic and other tumors, and you should be ready and competent to perform it at any time, especially the smaller sections of the alveolar processes and anterior parts of the jaw.

[The operation was then commenced by making the incision as above described, and turning back the flap so that a free exposure was obtained. The soft parts were now freely dissected and a saw carried through the symphysis, when a strong pair of forceps lifted it easily from its bed without further labor, since the angle and ramus were already absent from the previous operation. The facial artery was not divided, and the only vessel requiring ligatures was the inferior labial. The parts were approximated most accurately, and the alum water dressings applied. There were no unfavorable symptoms, and the parts healed most kindly, both externally and internally, so that in two weeks all seemed well, and there was no discharge in either direction.—De F. W.]

JEFFERSON MEDICAL COLLEGE.

Surgical Clinic of Professor Gross.

(REPORTED BY RALPH M TOWNSEND, M. D.)

Keloid.

Josephine Bennett has lobular tumors, pendulous, firm and of hard consistence, hanging from the lobule of each ear. Her ears were pierced nine years ago, and three months after the operation these tumors appeared; she wore her ear-rings for five years, however, and then had the tumors removed; but they re-appeared in four months. They have now been growing for four years—the right one being half the larger, and the size of a horse-chestnut. These growths constitute what is known as keloid, and are fibro-plastic in their nature.

[This case, without being so hugely developed, is similar in its nature to the one successfully operated upon by Dr. F. F. Maury, and reported in this journal of the dates of September 21th; November 5th, 12th, 19th, and 26th; December 3d, 1870.—R. M. T.]

Painful Subcutaneous Tubercle.

F. M. Stein, æt. 39 years; 10 years ago first noticed accidentally a small lump half the size of a pea, which rolled about under the skin of the ball of the left thumb. It gave no pain, and increased slowly and painlessly to one-third its present volume up to three years ago, when it took on renewed action, and is now as large as a hickory nut. From this renewed start, up to the present, he suffers intermittent pain every half hour during and preceding wet weather. In good weather there is little or no suffering. The pain shoots up to the elbow along the radial side of the forearm. The tumor is exquisitely painful, but only locally—at metacarpophelangeal joint of thumb—on slight pressure. The tumor is elastic. Ten years ago this patient suffered from an attack of acute rheumatism in the left leg; it continued for six weeks, and he has suffered more or less during climatic changes ever since.

The growth is a painful, subcutaneous tubercle, generally situated, as its name implies, just below the skin, in the areolar or cellular tissue. It is usually connected with one or more nervous filaments, slightly enlarged, and condensed cellulo-fibrous or fibro-cartilaginous tissue.

[Chloroform was now administered and the tumor dissected out. It was contained in a kind of capsule, evidently formed from the surrounding cellular tissue; and looked like a young testicle, being firm and dense without and vascular within.—R. M. T.]

Extensive Eczema.

Alfred Stinger, æt. 10 months, has his whole body covered by an extensive exzematous eruption; is emaciated to the very last degree, and his skin itches and abounds in cracks, fissures and suppurating surfaces. The child is atrophied and looks like an old man. It has suffered since it was two months old, but still eats well, and does not cry much. All the hair of the scalp, eyelashes, and eyebrows are gone. This is a bad case, and the prognosis couldn't be worse.

The child was ordered.

℞.	Tinc. ferri chlor.,	gtt. ij.
	Liq. potass. arsenitis,	gtt. j.
	Hydrarg. chlor. corror.,	gr. 1–24.

In solution, four times in 24 hours.

Also, to annoint the whole body with the oxide of zinc ointment twice in the twenty-four hours, to give the child two drops of laudanum when in pain, and a teaspoonful of brandy twice daily.

May 31st.—The child returns to the clinic greatly improved, but still withered and cronish looking. Disorders of the child's digestive apparatus was undoubtedly—originally—the cause of the present trouble. The most intimate sympathy exists between the cutaneous and mucous surfaces, and we know that under favoring circumstances one un-

dergoes change into the other, and extensive disease of the one arouses morbid action in the other. In this case improved digestion keeps pace with the improved condition of the skin, and *vice versa*.

[June 3d.—This child again presents itself to-day at the clinic of Dr. S. W. Gross. A back view of the child was exhibited, and here the disease had much the appearance of icthyosis. The oxide of zinc was ordered to be discontinued and the whole body of the child annointed with cod-liver oil, rubbed on lightly with the hand four or five times daily.

The child was also directed to have the one-third of a teaspoonful of grated lean fresh beef, sweetened with sugar. The lecturer stated that in wasting diseases of children, such as diarrhœa, no diet was so good —R. M. T.]

Very Chronic Atrophic Scirrhus of the Breast.

Mrs. F. McK., æt. 56 years; mother of seven children, the youngest of whom is 27 years old; when 20 years of age had an abscess form in the breast, after parturition, which left a lump. She does not remember when the present tumor of the breast began, but it was probably ten years ago. She noticed the axillary enlargement at the same time, in the size of which at present there is no appreciable difference. Mrs. McK. has no hereditary taint; she ceased to menstruate at 40 years; never had uterine disease, and with the exception of dyspepsia has had general good health.

The breast is the occasional seat of smarting pains, lasting a few moments. The axillary and glandular enlargements were first accidentally noticed from the skin over these parts itching. The lymphatic glands in both supra-clavicular fossæ seem slightly enlarged.

The affected breast can be roughly handled without giving rise to pain; it is nodular, being dense, inelastic; the entire gland is involved, and it is shrunken to one-sixth the volume of the opposite one, which is small and flabby. The nipple is red and buried in the mass like a papilla circumvaliata of the tongue. The integuments about the nipple are of a lighter red color, and covered with dry crusts from superficial ulceration. The skin of the breast is puckered, with radiating lines toward the nipple. The gland is adherent only at its lower part or below the nipple, and the skin is adherent to the gland for the diameter of one inch around the nipple. The glands in the center of the axillary are enlarged to the size of a small pullet's egg, circumscribed and very hard, and adherent to the wall of the chest. They are sometimes the seat of a little stitch; but generally a burning, smarting pain, with itching, is present.

——Dr. Ralph M. Townsend has been elected one of the visiting physicians to the Church Home for children, of this city, in place of Dr. F. F. Maury, resigned.

Medical Societies.

MEIGS AND MASON (OHIO) ACADEMY OF MEDICINE.

[A. L. Knight, M. D., President—T. Curtis Smith, M. D., Secretary.]

Discussion on the Use of the Forceps.

The Academy convened at Pomeroy, Ohio, May 18th, at 7 P. M., the President in the chair.

Dr. C. A. Barlow read a paper on the conditions requiring the use of the obstetric forceps. Passing by the history and various forms, modes of application, uses and abuses of forceps, his paper states: "That taking it for granted that every well-informed practitioner admits that, when dexterously used in judiciously selected cases, the forceps are among the indispensable equipments of the humane and successful accoucher. There are ten conditions requiring their use, viz.: 1. Inefficient action of the uterus or powerless labor; 2. Exhausted uterus; 3. Where the fœtal head is larger or more solid from ossification than usual, or the pelvis narrowed below the average; 4. Pelvis narrowed at superior strait not to exceed 3 or 3½ inches; 5. Inferior strait contracted; 6. Face presentations; 7. Head arrested after body of fœtus is delivered; 8. Hemorrhage, unavoidable or accidental; 9. Puerperal convulsions; 10. Tumors and accidents."

Cases bearing on or illustrating each head were given, and forceps directed to be applied with reference to the maternal pelvis without regard to position of fœtal head. In the use of the forceps the pelvic curves should alone be considered, and no regard be paid to the position or the head. We mean the blades of the forceps should always be passed along the sides of the pelvis, with the curves of the forceps corresponding to the curves of the maternal pelvis, and never regarding the fœtal head as other than a round body to be laid hold of by the forceps. In fact, in the large majority of cases the position of the head cannot be known or made out at the time when the forceps are demanded, because the head is tightly wedged in, the bones overlap, the integument is swollen, congested and infiltrated, entirely preventing a recognition of the fontanelles.

Dr. C. R. Reed agreed generally with the essayist; thought inertia and exhaustion practically the same as a cause for the use of the forceps; thought it hardly good practice to carry forceps in attending obstetric cases, but that they should be applied before mother or child were endangered by exhaustion or pressure. Had recently applied external pressure, as recommended by Dr. Playfair, of London, with advantage; thought it a good means of expediting labor, and would bring some difficult case to a good termination without forceps, when they would otherwise be required.

Dr. J. Q. A. HUDSON approved the paper. Thought a country practitioner should carry his forceps with him. The forceps should be used early, or not to allow exhaustion or an opportunity for vesico-vaginal or vagino-rectal fistulæ, to be produced as a consequence of pressure before resorting to them. Thought tonic contraction of the uterus from uses of ergot, when endangering the child, an indication for their use.

Dr. T. CURTIS SMITH, thought the essayist should have included three other conditions sometimes requiring use of forceps, viz.: Prolapse of funis, rupture of uterus, and impacted head, caused by chin parting from chest. Thought forceps were not used often as they should be; that a prejudice, professional or otherwise, too often prevailed against their use even in very proper cases. Was surprised at external pressure being a new thing when he saw Dr. Playfair's article; could not remember the time when he did not use it since commencing obstetric practice; was sure he had escaped the use of forceps in some cases by using external pressure. Was aware of no authority for it, but it seemed common sense to use it, and had done so for that reason only.

Dr. D. C. RATHBURN, Sr., agreed with others that forceps were not used often enough. Thought in his earlier years he had failed to use them, sometimes where required. Approved of applying them before mother or child were endangered. Cited SEEBOLD, of Germany, as applying them once in every x labors; was astonished that external pressure should be considered new practice. Had used it for twenty-five years, and was instructed to do so by his lectures at college years ago.

Dr. BARLOW replied to Dr. Smith that he believed impaction caused by chin parting from chest to be an obstetrical myth. Thought no living man had ever seen such a thing.

Dr. TRAIN approved the paper; thought the forceps should be introduced and extracted strictly with reference to the pelvic curves, which should be the guide in their use, without regard to position of fœtal head, and that they should be resorted to only after other means of delivery had failed; thought position not always easily made out.

Dr. HUDSON said position of head could nearly always be made out, even where there was thickening of scalp, etc., and attention should be paid to position of head in applying forceps as far as possible; thought the vectis too much neglected as an instrument of delivery, and to correct abnormal positions.

Dr. SMITH said the position should be made out, and that some reference should be had to the head, and the forceps applied over the sides of the head; that they were more easily applied over the sides and the fœtus more readily extracted when thus applied, on account of assuming the shortest diameters, and were less apt to injure mother or child; thought the forceps a safe instrument and easily managed by skillful hands.

Dr. REED observed that the correct position should be made out, not that we may apply forceps more easily, but that we may the more readily imitate nature in extracting the fœtus. It is not always easy to lock the forceps. Sometimes, where one blade meets with resistance, it will assume its place during a contraction without the effort of the operator. Contrary to usual directions he had sometimes succeeded by using a little force of extraction or otherwise, when the forceps did not lock readily, but that they would afterward lock easily.

Dr. S. DAY, of Harrisonville, being called upon, stated that in 3,000 cases of labor he had never used the forceps; preferred to give plenty of time when necessary, and to use ergot. Thought instruments too much used; that he seldom lost mother or child without them, and preferred to give nature her strength, untrammeled by art, to the dangers of the forceps or instrumental delivery.

Dr. HOFF had seldom used the forceps, but approved of them in proper cases. Thought the mechanism of labor and forceps delivery should be well understood before attempting their use; believed they should be used to save the child, and care should be taken not to use much extractive force.

Dr. ACKLEY believed they were too seldom used; instead of injuring child or mother they often protected both, where only a proper degree of force was used. Did not think great force in extraction needful, but principally the lateral force, using the forceps as a lever; to assist nature must be the object of their use.

Dr. DAY, in reply to a question, said he never saw a case of exhausted uterus, and that ergot was his chief remedy in tedious labor, and where the contractions were inefficient.

Dr. BARLOW could not agree with Dr. D. Thought the forceps eminently proper in some cases, and that the suffering of the mother by long waiting often laid the foundation for many serious, and sometimes incurable ills, to say nothing of the life of the child; he considered a physician in these times hardly excusable to neglect the proper means of preventing all this serious trouble; did not believe the forceps a dangerous instrument.

Dr. SMITH could not understand how the gentleman had got along without instruments in some instances without losing mother and child. He had never lost a child or injured a mother by using them; thought instead of the forceps causing injury to the maternal parts or child, that more cases of sloughing were produced by long delay than by early resources to forceps; believed the forceps perfectly safe if properly used, and that they not

only saved very great and prolonged suffering to the mother, but very often saved the life of the child. If we fail to do this when possible we come short of duty.

Dr. REED could not see how the gentleman was going to save the child without forceps when there was prolapsed funis in cases where turning or reduction could not be effected, and yet labor rather slow; believed the forceps a safe instrument and of incalculable value in the hand of a skillful accoucher. In some cases much force was actually necessary to effect delivery, but must be properly applied, and in the direction of the pelvic curves.

Dr. HUDSON said cases of vesico and recto-vaginal fistula were caused by long delay; that they were afterward charged on the forceps.

Dr. KNIGHT said, in 1,000 cases he had never used the forceps, but heartily approved their use in proper cases; would have used them in some cases but they were not at hand, nor could be had in time. Could not see how the forceps diminished the diameters so as to more easily effect extraction, for compression or shortening of one diameter must produce lengthening of the other; especially would this be so if applied to the antero-posterior diameters of the head. Thought it would be well to consider this fact before using too much compression with the forceps.

Academy adjourned to meet in Middleport, Ohio, May 25th, at 7 o'clock P. M.

MIAMI (OHIO) MEDICAL ASSOCIATION.

[REPORTED BY J. W. HADLOCK, M. D.]

New Remedies.

BY H. A. LANGDON, M. D.

In these days, when such rapid strides have been made in physiology, pathology and kindred branches in medicine, a great effort is being put forth to improve our munitions of war, so that we may the more successfully grapple with and overcome disease in the various forms in which it presents itself.

As a result of this desire of modern therapeutics, for more reliable agents in the cure of disease, we find a continual longing and searching for "new remedies."

While this desire for "new agents" in the list of our dispensatory may be laudable to a certain extent those who seek for "specifics," display an amount, of ignorance pitiable to behold. They forget that disease is but the result of a cause, and that the resulting manifestations are not simple, but complex in their nature. Among this class we find those who, riding a hobby, treat every disease they meet with this or that, or the other "new remedy," as may be the fashion.

In the earlier days of carbolic acid, what wonderful things were claimed for it! There were gentlemen in the profession who professed to cure not only typhoid fever, diphtheria, scarlatina, but all diseases having an origin in a septic cause. While all admit that carbolic acid has a wonderful power in destroying organic germs external to the body, there is no evidence that we have seen to prove that carbolic acid, as such, is absorbed and finds an entrance into the systemic circulation. In surgical practice, as a dressing to prevent suppuration, and to avoid purulent infection, and as an external application generally, in cases where indicated, it recommends itself as worthy of our confidence.

In the healing of wounds, when there has been a solution of continuity, we don't cure the wound, but having put the parts in proper apposition and removing all sources of external irritation (and organic germs are of this class) nature throws out her plastic lymph, which, becoming organized, restores the integrity of the parts.

At the risk of being considered heterodox, may we not ask, is it not the province of the true physician to *assist* the conservative power of nature to cure disease and the disorder it makes? No one thinks of finding an ointment which, if applied to a solution of continuity, would immediately restore the parts. Why seek for more when disease produceses a lesion of structure and function in the body? It is but a few years since we were told to bleed—*plenorivo*—to knock the inflammation down, and then give a good round dose of opium to keep it down; yet at the same time we not only knocked the disease down, but the body it inhabited also. Now we endeavor to keep the body up and assist the powers of nature to expel disease.

Thus we see that one desire for something new has its origin in a mistaken view of disease, and savors somewhat of that ignorance shown by some of those with whom we meet in our rounds as physicians. How often it is we are sent for as physicians, and expected to administer some powerful dose that will cure the patient at once, as if by a miracle. Yet how seldom we succeed. Occasionally, when the exciting cause is evident, as from irritating ingesta, fecal accumulation, etc., which are more mechanical than vital in their nature, we may succeed, but the reverse is the general rule. 'Tis true that many, presuming on the ignorance of their patrons, profess to do wonderful things, and establish a doubtful reputation, but it only proves that this mistaken notion of our power as physicians is the soul and body of charlatanism and quackery.

But there is a laudable desire for new remedies, which seeks for agents wholly conducive to health in their action in the economy, and devoid of the parturbative and noxious effects of many of the drugs in use at the present day.

Take opium for illustration: it is our reliable

agent for the control of pain; yet the immunity from pain is purchased at a sacrifice; the gastric irritation, intestinal and nervous derangement, tell us that it is a choice of the lesser of two evils. Now, the desire for a drug having all the good effects of opium, without its pernicious ones, is perfectly just and natural. Chloral hydrate, to a considerable degree, supplies this desire; but for the control of acute pain it is far inferior to opium. In our experience, chloral hydrate would take rank high in the list of antispasmodics, but would fall short of a place among narcotics with opium. Tis true we may often overcome this bad effect of our medicines by a combination—one agent modifying the effect of another—but in this case we are often left in doubt as to which is the curative agent. For instance, the noxious effects of opium, experienced by many peculiarly subject to its influence, may, in a great measure, be avoided by giving the person one or two full doses of bromide of potassium before exhibiting the opium; yet, might not the indications have been fully met by our first remedy, rendering the use of the second useless?

In looking over the list of medicines presented to us as "new," in examining into the matter, we find most of them have been known to the profession for years, and that it was only because of our ignorance of their virtues that they were not brought into general use. This is especially true of bromide of potassium and chloral hydrate; and from this and other instances a reasonable doubt might be raised as to the necessity of adding to our remedial agents. A definite and more positive knowledge of the physiological and therapeutical action of the common drugs in general use would certainly be of far greater value.

Editorial Department.

Periscope.

Typho-Malarial Fever.

Dr. D. W. Hand read before the Ramsey County Medical Society, Jannary, 1871, the following article, published in the *Northwestern Medical and Surgical Journal:*

Under this name, I believe, we should class the fever which has been so prevalent in St. Paul the past six months.

Its malarial character is shown in the time of its appearance, the middle of July, after an unusual and sun-heated term; and its gradual subsidence, now that cold weather has set in, in its remittent form, which was observed in nearly every case, and in the bilious character of the diarrhœa which generally occurred, while it differed from ordinary remittent fever in exhibiting typhus symptoms from the beginning.

From typhoid fever it was distinguished by its marked remittent form; by the mildness or absence of delirium; by the the slight amount of irritation in the small intestines, the diarrhœa not being troublesome, and the tympanitis usually slight, while hemorrhage from the bowels was exceedingly rare; by the moist, white tongue; by the absence of pain or soreness over the spleen; and by the early period at which convalescence frequently began.

This fever first appeared about the middle of July, and has continued until the present time. its character becoming more severe as the weather turned cold, while the number of cases has steadily decreased.

The symptoms at first were much like that of typhoid fever. The chill was often not noticed, and the first attention would be called to a total loss of appetite, with sudden and remarkable loss of strength; a violent pain in the head, and a decided fever in the afternoon and evening. There was generally a tendency to diarrhœa of a bilious character, although in some cases the bowels were constipated and did not yield readily to cathartics. The tongue, which was pale and broad, usually remained moist and coated with a white fur throughout the disease; the stomach was generally irritable, and in many cases there was distressing vomiting; the pulse did not run high, nor was it commonly very feeble; in most cases it was from 90 to 120; but in all cases the temperature was surprisingly increased; this varied from 102° to 105½°, most cases remaining about 104° to 105° for a week or ten days; the morning temperature was usually 1° to 1½° lower than that of the evening. During the first three or four days the throat would be sore, sometimes showing a diphtheritic exudation; and in a few cases a rash appeared during the first week, that looked like measles. In this early period also the nose was seen to bleed, the hearing became impaired, and in women the menstrual flow would appear before its time.

In the second week a bronchial cough invariably appeared, and there was generally some tenderness over the abdomen, although it was rare to have much tympanitis, and the diarrhœa, if present, was usually easily controlled. Sordes was not often noticed on the gums, and it was rare for the tongue to become dry or rough. Nervous symptoms were not promi

nent, the headache passed off after the first four or five days, and the mind usually remained clear, although the patient was frequently rather dull, and the countenance heavy, while a bright red flush appeared on the cheeks. Delirium, if it occurred, was quite mild. Rose colored spots were seen in very few cases, although carefully watched for; while sudamina were quite common in the second week. The urine was copious, and in most cases natural; no case of retention came to my knowledge.

Convalescence frequently began in the first or second week, although usually the fever lasted about three weeks. During convalescence profuse night sweats were common.

Treatment.—It was found that quinine, as an anti-periodic, was useless; as a tonic and stimulant, however, it was useful; and the treatment found best adapted to most of these cases was quinine, one grain twice a day; dilute hydrochloric acid, 10 to 20 drops every four to six hours; with an opiate at night to produce sleep and control the diarrhœa.

The necessity of keeping up nutrition by milk, beef tea, oat-meal or flour gruel, etc., was constantly insisted on, and was really the most important part of the treatment. Stimulants were rarely required.

The fatality has not been great; the fever has been wide spread; and in my own practice I have seen at least one hundred cases since the 10th of July last, with only three deaths. Had this been typhoid fever, I should certainly not have been so fortunate. Unfortunately, no *post-mortem* examinations have been made, and we are unable to state positively that Peyer's glands were not inflamed.

The reports of the health officer in this city show only five deaths in all from this fever, but I presume one-half at least of the deaths reported from "typhoid fever," should be placed to its account.

Occasional cases of this fever, as well as of ordinary remittent fever, have been seen here nearly every autumn, but this is the first time in my thirteen years' experience in St. Paul, that it has been epidemic.

Carbolic Acid in Vascular Keratitis.

Dr. C. Hixon, formerly Professor of Ophthalmology in the College of Physicians and Surgeons Kansas City, Mo., relates the following case in the, Chicago *Medical Examiner:*

In medicine theories are of little value compared with well-attested facts. No one can from a process of reasoning say that any given agent will do so and so; consequently the remedial value of any given agent, simple or compound, must be discovered, if discovered at all, by the test of actual experimentation. These, among other considerations, led me to use carbolic acid in the treatment of the following case. I know of no case on record where this agent has been used in the treatment of this disease, and it is as much to induce others to give it a trial as anything else that prompts me to report the case:

Mrs. G., æt. 23, of delicate frame and rheumatic diathesis, came to consult me on the 1st of February last. She lives about twenty miles from this city, and has been under the care of a general practitioner who pays but little attention to the eye, and under whose treatment she was severely ptyalised. This mercurial action, together with a lactation of fifteen months' duration, had rendered her extremely exsanguine and emaciated.

On examination I found the following: Moderate thickening of the palpebral conjunctiva, the ocular conjunctiva much more extensively involved—extreme vascular keratitis (the iris entirely hidden)—a large ulcer on the lower and outer half of the cornea, extending deep into the corneal laminæ—great photophobia, it being impossible for the patient to open the eye herself—profuse lachrymation, with periods of great suffering from circumorbital neuralgia. The enlarged episcleral vessels and circumcorneal zone indicated iritis, with perhaps inflammation of other intraocular tissues, but the dense corneal opacity rendered an accurate diagnosis upon this point impossible, and could only be arrived at by rational symptoms.

Owing to her prostrated condition little else was attempted for four weeks than to repair the general health by tonics and good living, and at once removing the child from the breast. At the expiration of this time her general condition had materially improved, but no perceptible improvement in the eye except as to the pain, which she stated seemed not so severe. I now applied to the corneal ulcer a couple of drops of the solution of carbolic acid in glycerine, of the strength of sixty grains to the ounce of glycerine. This I had frequently used before in ulcers of the cornea that were indolent and very painful, and with the very best effect. I believe this practice originated with Dr. Williams, of Cincinnati. The immediate effect of the application was excruciating pain for a moment, and a complete whitening of the whole cavity of the ulcer from the coagulation of albumen. The day following I did the same, and continued to do so for three weeks, by which time the ulcer had entirely healed, when the acid was more sparingly applied. The pain on its application became less and less as the ulcer disappeared, and the cornea cleared up. So soon as the cornea became sufficiently transparent lateral illumination revealed partial occlusion of the pupil, and mydriatics discovered synechia posterior, which in time yielded to atropia, except at one point, which has so far resisted all efforts. The vascularity of the cornea has entirely disappeared, but of course a leucoma remains in the site of the ulcer.

The general treatment consisted of iron, nitric acid, and quinia, and to meet the rheumatic element in the case, the following was used:

℞. Vin. colch. sem.,
Ext. phytolac, fl., aa. f.ʒijss.
Tinct. stramonium, f.ʒj.
Tinct. aconit, fol., f.ʒss. M.

Sig.—A teaspoonful three times a day.

Under this treatment she made a rapid recovery. I report this case, believing it to be the first case where carbolic acid has been used in the treatment of vascular keratitis. If others have used it I am not aware of it, and should be happy to hear. I certainly shall continue to test its powers in similar cases.

Compound Presentation.

In presentation of the head with the hand or foot, Prof. R. COLEMAN recommends in the *Virginia Clinical Record* the following treatment:

The accoucheur should never be satisfied with ascertaining that the head presents, but should sweep with the finger the whole field of the os uteri, in order that he may positively determine that the head alone presents, and not the head with the hand, foot, or funis.

Timely information when these complications exist will lead to their speedy and easy correction, and thus save much subsequent trouble to the accoucheur, suffering to the mother, and danger to the child. Bearing in mind the possible currence of such complications, the doctor should be careful not to infer that there necessarily exists a presentation of the trunk, because he finds a hand in the vagina; nor a presentation of the pelvis, because he discovers a foot, until he has ascertained that the head is not also presenting. Not much can be done toward a correction of the complication under consideration, until towards the close of the first, or the commencement of the second stage of labor. Before the head has passed the circle of the os uteri, the indication is, of course, by judiciously applied pressure, during *the absence of pain*, to replace the displaced limb, pushing it above the parietal protuberance, and holding it there until a pain comes on, and forces the head to monopolize the circle of the os uteri, thus effectually preventing the re-descent of the hand or foot.

This object is secured additionally, by rupturing at this time, if not previously ruptured, the bag of waters. If the head has passed the os uteri, then no effort should be made to replace the prolapsed part until the head approaches the inferior strait, when well applied pressure (that is, in the direction opposite to that of the displacing force, so that the part can be returned by reversing the order of its displacement,) will cause its ascent in the direction of the face, above the head, in the now distended and elongated vaginal canal. We cannot interfere after the head has passed the os uteri, but is not yet about to engage in the inferior strait, for the simple reason that the prolapsed limb can not now be returned into the uterus, and any effort to accomplish this might lacerate the uterus, nor is there room enough as yet in the vagina for its return above the head. All that the practitioner can do under these circumstances is to carry the limb towards the temporal or malar region, so that it will engage with the shortest diameters of the fœtal head. When the head is about to engage in the inferior strait, and the manœuvre for the return of the limb, above indicated, can not be accomplished, then if the head advances with each recurring pain, as sometimes happens when the head is small and the pelvis capacious, the case may be left to nature. If, however, there be no advance, and the child be still alive, the forceps should be applied, taking care that the blade be cautiously carried between the head and the prolapsed leg or arm, and the head brought down with its short diameters in apposition with the long diameters of the pelvis.

Should this procedure fail, or the child be dead, then the head should be perforated, and with its diameters thus reduced, it can be forced through the pelvis by the uterine contractions, or, if these prove inefficient, it can be drawn through either by the tractor, crochet, or blank hook, but better still, by the forceps applied as previously directed.

The foregoing directions are equally applicable whether the head be engaged with the arm or leg. There is, however, one material difference in the management of these respective complications. If the head has not passed the circle of the os uteri, and the leg or foot be engaged along with it, should efforts to return the prolapsed part be unsuccessful, then the accoucheur, by traction on the leg, and pushing up the head at the same time, can convert this case into a footling.

Styptic Wool.

The following is quoted from the *Lancet* by the *American Journal of Dental Science:*

Dr. EHRLE, of Isny, in the interest of his countrymen wounded in the present war, desires to make known a very simple preparation of wool that he has found very serviceable in arresting hemorrhage after operations or from wounds. To prepare it he boils the finest carded wool for half an hour or an hour in a solution containing four per cent. of soda, then thoroughly washes it out in cool spring water, wrings and dries it. The wool is thus effectually purified, and is now capable of imbibing fluids uniformly. It is then to be dipped two or three times in fluid chloride of iron diluted with one-third of water, expressed and dried in a draught of air, but not in the sun or with high heat; finally it is carded

out. Thus prepared, it is of a beautiful yellow color, and feels like ordinary dry cotton-wool. As it is highly hygroscopic, it must be kept dry, and when required to be transported must be packed in caoutchouc or bladder. Charpie may be prepared in a similar manner, but on account of its coarse texture, is not so effective as cotton wool, presenting a less surface for coagulation. When the wool is placed on a bleeding wound, it induces moderate contraction of the tissue, coagulation of the blood that has escaped, and subsequently coagulation of the blood that is contained within the injured vessels, and thus arrests the hemorrhage. The coagulating power of the chloride of iron is clearly exalted by the extension of its surface that is in this way effected. The application of the prepared wool is not particularly painful, whilst, by sucking up the superfluous discharge and preventing its decomposition, it seems to operate favorably on the progress of the wound. The unpleasant secondary results that have led many practical surgeons to discard the use of the perchloride of iron do not occur with the wool when it is properly made and applied. In cases of wounds where the bleeding proceeds from large and deep-seated vessels, it may be used as a compress, a bandage being applied over it, or the wound may be plugged with it. It may also be employed with advantage in cases of profuse suppuration, to imbibe the discharge and purify the surface. He recommends that a small portion should be given to every soldier on going into action.

Tuba Roots.

The roots of a plant known in Borneo by the name of Tuba or Tooba, are reported to be much valued in that country for destroying vermin on plants or animals. They are thrown into water and allowed to stand a short time, after which the plants or animals are washed with the water. Europeans who have used it say that its effects are sure and instant, and that while fatal to insect life, it does not in the least degree injure the plants or animals to which it is applied. The roots are used when fresh, and evidently lose their properties by drying, as a decoction which had been prepared from some roots received in the dry state has been applied to some plants infested with vermin without the slightest effect The roots are also constantly used by the natives for poisoning fish in streams and pools. The plant is said to be leguminous.

Will Snake Poison Kill a Snake?

Dr. FAYRER, in India, has been experimenting to correct the popular error that a snake cannot kill a snake. He took a young and very lively cobra, fourteen inches long, and which was bitten in the muscular part of the body by a krait forty-eight inches long. The krait had not bitten for some days before. From a detailed report by Dr. Fayrer, it appears that the cobra was bitten at 12:40 P. M. At 1 P. M. it was very sluggish, at 1:3 P. M. so sluggish that it moved with difficulty, could easily be handled, and made no effort at resistance. At 1:20 it was apparently dying, and its movements were scarcely perceptible, and at 1:22 it died, thirty-two minutes after the attack. Dr. Fayrer has found that the water-snakes of India are deadly poisonous. In the Bay of Bengal they swarm, and it is noted as ominous that lately it was proposed to erect a sea-bathing establishment for Calcutta at Barwar, under the assurance that there were no sharks. It is remarked that sharks need not be noticed when a bather may have deadly water-snakes swimming after him.

Reviews and Book Notices.

NOTES ON BOOKS.

In the first number of the *Zeitschrift für Ethnologie* of this year, is a very valuable list of works bearing on Mr. Darwin's theories, compiled by Spengel, which occupies twelve closely printed octavo pages. First comes a list of translations into German of "The Origin of Species," of "Fertilization of Orchids," and of "Variation of Animals and Plants;" next, forty-three original German works, criticising and carrying out the Darwinian theory. These are followed by about an equal number of books which refer to the same subject incidentally, though sometimes at considerable length. Among these we find Kupffer's "Essay on the Relation of Vertebrata to Ascidians," Von Baer's lectures, Carus' "Natur und Idee," and Rütimeyer's "Herkunft unserer Thierwelt." The fourth list a most valuable one of reviews, magazine articles, and other scattered papers published in Germany on Natural Selection and the Descent of Man. Books devoted to the latter subject are next enumerated separately, and then translations into German of the kindred writings of Huxley, Lyell, Wallace, Agassiz, and Bates. Last comes a classified catalogue of all the works on Darwinism which have been published outside of Germany, in England, France, Holland and Italy. This list may be advantageously compared with that given by Mr. Darwin himself, in the fifth edition of the "Origin of Species." It will be invaluable to every student of the theory of evolution, and is a remarkable proof of the amount of scientific thought and work (as well as of some that is not scientific) which the great naturalist's writings have called forth.

MEDICAL AND SURGICAL REPORTER.

PHILADELPHIA, JUNE 17, 1871.

S. W. BUTLER, M. D., D. G. BRINTON, M. D., Editors.

☞ Medical Society and Clinical Reports, Notes and Observations, Foreign and Domestic Correspondence, News, etc., etc., of general medical interest, are respectfully solicited.

Articles of special importance, such especially as require original experimental research, analysis, or observation, will be liberally paid for.

☞ To insure publication, articles must be *practical*, *brief* as possible to do justice to the subject, and *carefully prepared*, so as to require little revision.

We particularly value the practical experience of country practitioners, many of whom possess a fund of information that rightfully belongs to the profession.

The Proprietor and Editors disclaim all responsibility for statements made over the names of correspondents.

SUBJECTS FOR THOUGHT.

The editors of American medical journals have formed an association which meets at the same time and place as the American Medical Association. This year in San Francisco some questions for its consideration were submitted, which deserve careful thought from all concerned. The more prominent are the following, which, if decided in the affirmative, it is to be presumed that each editor is expected to give his influence in supporting:

Shall the formation of a National Medical School be recommended?

Shall a National Medical Journal be established as the mouth-piece of the American Medical Association?

Shall a board of "general scrutineers" (whatever they may be) be formed?

Now, so far as our opinion goes, we feel constrained to oppose each and every one of these propositions, on the ground that if they could be carried out with success (which we very much doubt), they would result in a lasting injury to the profession at large.

The tendency to centralization is contrary to the spirit of our civil institutions, and rightly so, as it hampers individual development; yet these motions are all and each directly in favor of such a system. We want to see no national school arrogating to itself peculiar privileges, and laying claims to notice and distinction not founded on real excellence, but on a factitious and borrowed preëminence; we wish to see no medical journal put forth with any less real, however specious, claims than those derived from judicious editing and able contributions; nor can we imagine any duties appertaining to "general scrutineers" which cannot very readily be dispensed with.

We doubt the need of such elaborate organization. Earnest, working, active men, who follow Carlyle's golden rule: "Do the duty which lies nearest you," who willingly sacrifice their own prejudices in order to get work done, who see clearly the labor to be performed and quietly set about it, who care less to put themselves in the foreground than to see facts accomplished, who speak little of themselves and always to the question—these are the men after all who deserve our admiration, and whom posterity will praise. They will work without the factitious stimulus of position, and the needless drag of feeble organizations.

We would rather see the Association of Medical Editors unite their strength in carrying out some much needed reform in state medicine, some valuable project in general hygiene—and there are many of them—than in discussing about national censors, national journals, or "general scrutineers."

Notes and Comments.

Pennsylvania Hospital.

It is to be regretted that the recent policy of the managers of this hospital, compelling the staff to instruct female students in medicine and surgery, has induced Professor AGNEW to resign his position as one of the surgeons to the institution. He has been so long identified with the teaching interests of Philadelphia, and as a *clinicien*, has been so eminently distinguished for his practicality and force, during his eighteen years of service in this and the Philadelphia hospitals, that the loss to the institution will be one which it can ill afford at the present time, especially in view of the fact of the large falling off in the attendence of students that has recently occurred. Both these results are evidently occasioned by the action of the contributors, deciding that those who gratuitously perform a large proportion of the work are not to be consulted upon the question of their own manner of teaching. Merchants may be and are admirably fitted for positions of trust and honor, but in the management of an hospital, who can be so thoroughly and properly trained by the work of their daily lives as physicians? In our opinion not less than one-third of any hospital board should consist of medical men; and the staff are plainly the ones best qualified to speak authoritatively upon its needs and requirements. Compe-

tent men should alone be elected, and then they should feel that responsibility rests upon them. We are sorry that the Presbyterian Hospital, recently organized, did not consider this matter, and place upon its management a number of eminent hospital physicians rather than clergymen and others, who, though excellent men, yet are unacquainted with the practical actual needs of such a charity.

Fortunately for Philadelphia students, Prof. Agnew will continue clinical teaching at the University of Pennsylvania, which will now be uninterrupted save during the two warm summer months.

Dr. R. J. Levis, Surgeon to Will's Ophthalmic Hospital, and late one of the surgeons of the Philadelphia Hospital, has been elected to a similar position in this institution, *vice* Prof. D. Hayes Agnew, resigned. This is an excellent appointment, Dr. Levis being one of our most active and promising surgeons. But it is a pity that his talents as a teacher should be confined to so narrow a field as they are likely to be under existing circumstances.

Another Martyr.

Another physician, it will be noticed, has sacrificed his life in the cause of humanity. J. Burton Mustin, M. D., while rendering gratuitous services to one of the patients of the University clinic, contaminated his system from an unhealthy discharging knee-joint, and finally died last week, after much suffering. He was a young man of great promise, and will be mourned by a large circle of professional friends as well as by relatives.

The Right Direction.

The following correspondence speaks for itself:

Philadelphia Hospital,
Philadelphia, Pa., May 25, 1871.

Calvin Ellis, M. D., *Dean of Medical Department, Harvard University—Dear Doctor:*—At a meeting of the Philadelphia Hospital Medical Society, held May 20, 1871, it was

Resolved, That the adoption of a three years' course of study in medicine by Harvard University is an encouraging advance toward a higher medical education throughout the whole country; and

Resolved, That the congratulations of this society be tendered to Harvard University for this step.

Respectfully yours,
Robert D. Murray, M. D.,
Secretary P. H. M. S.

S. D. Davis, Vice-President.

Answer.

Medical Department, Harvard University,
Boston, Mass., June 3, 1871.

R. D. Murray, M. D., *Secretary of P. H. M. S.—Dear Sir*:—The Faculty of the Medical Department of Harvard University acknowledge with pleasure the receipt of the resolutions of the Philadelphia Hospital Medical Society in regard to the recent change in the plan of instruction.

Believing that the step taken is a very important one, they fully appreciate the recognition of it by those who are interested in the advance of medical education. Respectfully yours,

C. Ellis, M. D.

Wisconsin State Medical Society.

The twenty-fifth Annual Session of the Wisconsin State Medical Society will be held in Bowman's Hall, in the City of Milwaukee, commencing on Wednesday, the 21st day of June, prox., at 7 o'clock, P. M.

Indiana state Medical Society.

The regular Annual Meeting of Indiana State Medical Society will be held, commencing on the third Tuesday in June, 1871, instead of the third Tuesday in May, as heretofore. By order of Society.

Correspondence.

DOMESTIC.

A Case of Hysteria in the Male.

Eds. Med. & Surg. Reporter:

Early last October I was called to see an interesting case of hysteria in the male subject, which, from the rarity of the disease and the peculiar symptoms manifested in this case, may prove interesting to your numerous readers.

The patient was a young man of nineteen years, tall and delicate, and of sanguine temperament. I found him on the floor struggling with several men, and it required their combined strength to hold him. He would *bite*, not only his attendants, but himself also, if not restrained by force. Indeed, this seemed his principal means of offense and defense, and so much like a dog was he in this respect, that those who witnessed his efforts pronounced him "*mad*," and it was soon circulated in the town that he had *hydrophobia*. He would "*snap*" in all directions, and succeeded in biting several persons. He lost, for a time, the power of speech, and was unable to answer a single sentence addressed to him, but would stare vacantly at his interrogator. If permitted, he would pull his own hair or beat his head violently against the floor.

These paroxysms would last from ten minutes to several hours, and then leave the patient more or less prostrated. At times he would talk half rationally and live over again the scenes of several days before, especially an adventure which he had on a street car with an intoxicated man.

Any sudden noise would startle him and bring on a paroxysm. If a young widow, temporarily stopping at the house, and in whom he was deeply interested, talked in his presence to other gentlemen, the symptoms were much aggravated. Indeed, he afterward said this was the *exciting* cause of the disease.

The first night I saw him the stomach was much distended, and he complained of pain over the gastric region. I prescribed an emetic which promptly emptied the stomach of a large amount of partially digested food. After this acted, gave twenty grains of chloral hydrate. In thirty minutes the patient slept soundly and continued to do so until morning, when he awoke, apparently perfectly well. He seemed conscious of all that had passed, but said he could not have acted otherwise, and that he wished to answer our questions, but was unable to make even the effort.

The second day after the first attack he was seized with other paroxysms similar to the first. I again prescribed the hydrate chloral, but the remedy had lost its charm and had no effect.

The patient would now claw convulsively at his throat, and in his rational moments would complain of a ball there that was choking him, and he seemed to fear "choking to death." In this his friends also shared his fears, notwithstanding my assurance to the contrary. He soon became unconscious, but continued to struggle violently. As he was now unable to swallow, hypodermic injections of morphia were freely used. This kept him quiet, so long as he was under the influence of the drug, but when this subsided he was as bad as ever. As soon as he was able to swallow, valerian, assafœtida, Hoffman's anodyne and nux vomica were all tried, and failed to produce any good effect. Bromide of potassium was next used in heroic doses; but, like the other remedies, exerted no control over the disease. After nine days the paroxysms left him, but I think *time* did more for the disease than any medicine used.

I now strongly suspected *onanism* as the cause of the attack, and on accusing him, he frankly admitted he was addicted to the vice and promised to reform.

Under the use of iron, arsenic and strychnia his appetite improved, his strength increased, and he was soon in the enjoyment of good health, and has remained so until the present time, without any return of the disease.

It would, perhaps, be as well to state that a few weeks before I saw him he had a similar attack at a town up the Hudson river, and as there were constipation and distention of the stomach, two physicians who visited him diagnosed the case as one of obstruction of the pyloric orifice. From what I subsequently saw of the case, however, I am convinced this was not the case, and think there can be no doubt of the correctness of my diagnosis.

F. K. Travers, M. D.

Matawan, N. J., May 18, 1871.

Dislocation of both Humeri into the Axillæ, Occurring in the same Subject at an Interval of Five Years.

Eds. Med. and Surg. Reporter:

In looking over an old number of The Reporter (January 23d, 1869), I notice a letter from Dr. Grosvenor, of Lockport, N. Y., reporting a case of dislocation of both humeri into the axillæ.

I am reminded by this of a similar case in my own practice, though the dislocations did not occur simultaneously, but at an interval of several years in the same subject.

In the summer of 1866 I was called to see Mr. W. H. Evans, living some three miles from this town, my partner, Dr. Frazer, accompanying me. We found the patient, a man some 55 years of age, with a dislocation of the *right* humerus into the axilla. He stated that he was running after some hogs, when he tripped on a grape-vine and fell with his arm extended, his whole weight on the palm of his hand. We succeeded in reducing it after some difficulty, and in due time he recovered the use of the member. On the 25th of last March I was called to see the same man, laboring under the same difficulty, but it was the *left* arm this time. The accident occurred by his falling off a wagon, with his arm extended as before, producing the same result. It was reduced without trouble and without chloroform. I report the case simply because of its unusual occurrence.

M. L. Catron, M. D.

Madisonville, Md., May 22, 1871.

News and Miscellany.

The Fungoid Theory of Cholera.

Mr. T. R. Lewis, M. B., who was specially appointed to investigate the theories of Hallier and Petenkofer with regard to cholera, announces, after long and careful examination, that

1. No "cysts" exist in choleraic discharges which are not found under other conditions. 2. Cysts or "sporangia" of fungi are but very rarely found under any circumstances in alvine discharges. 3. No Special fungus has been developed in cholera stools, the fungus described by Hallier being certainly not confined to such stools. 4. The still and active conditions of the observed animalculæ are not peculiar to this disease, but may be developed in nitrogenous material even outside the body. 5. The flakes and corpuscles in rice-water stools do not consist of epithelium, nor of its *debris;* but their formation

appears to depend upon the effusion of blood plasma; and the "peculiar bodies" Parkes found therewith correspond very closely in their microscopic and chemical characters, as well as in their manifestations of vitality, to the corpuscles which are known to form in such fluid; these are generally, to a greater or less degree, associated with blood-cells, even when the presence of such is not suspected, especially as the disease tends toward a fatal termination, when the latter have frequently been seen to replace the former altogether. 6. No sufficient evidence exists for considering that vibriones and such-like organisms prevail to a greater extent in the discharges from persons affected with cholera, than in the discharges of other persons, diseased or healthy; but that the vibriones, bacteria, and monads (micrococcus) may not be *peculiar in their nature*, for these *do* vary, and may not be the product of a peculiar combination of circumstances, and able to give origin to peculiar phenomena in a predisposed person, is "not proven."

Disinfecting Cotton.

It has long been known that the best disinfecting agent for wounds, cancers, ulcers and decaying animal matter, is the permanganate of potash. Dr. FRESENIUS possesses a method for applying it which seems to overcome many of the difficulties hitherto felt in practice, and this consists in saturating gun cotton with a solution of permanganate of potash. The gun cottonis not decomposed by the manganese salt as ordinary cotton is, but seems to expose and keep the greatest amount of surface for the action of the disinfectant. Bandages of the gun cotton thus saturated with permanganate of potash can be readily applied, and in cases of open wounds, cancers, and the like, must prove very acceptable to surgeons. The gun cotton is harmless as long as it is wet, and is an article that can be obtained in any quantity since its great use in photography. Permanganate of potash must be applied in solution in order to be effective, and is an agent that ought be more generally known and applied in this country than it has hitherto been.

On Acetic and Formic Acid obtained from Human Urine during the Chemical Decomposition of Urochrome.

J. L. W. THUDICHUM, M. D., gives the methods pursued for obtaining these acids from fresh and from putrid urine. Formic acid had been found in urine, but was declared to be an accidental product of the decomposition of certain substances, intentionally ingested into the stomach. PROUT obtained acetic acid from this source, and LIEBIG believed this acid to be the product of putrefaction of the urine. The daily amount of acetic acid in the urine of a man was found to be 0.288 grm.; the formic acid was roughly estimated a 0.05 grm. per day. The author is of the opinion that the acids are products of the decomposition of higher organic bodies, and not merely acids set free from their salts by sulphuric acid.

——M. LONGET, the celebrated physiologist, member of the French Institute of the French Academy of Medicine, died at the age of sixty-eight, at Bordeaux, a few days since. M. Longet is the author of works on the nervous system, which explain many of his own discoveries. His death was sudden, and was referred by his friends to the horror with which he was stricken when hearing the sad news from Paris.

——Dr. ALEXANDER HADDEN recovered from John More, in the Superior Court, June 6th, $135 for medical services rendered to the defendant's child, who had his leg badly injured on the Second ave. railroad, in September 1868. The defendant refused to pay the doctor's bill, and set up his own claim for $20,000 on the ground of malpractice.

QUERIES AND REPLIES.

Ingrowing Toe-Nail.

For many years I have used no other remedy for this affection than the nitrate of silver—lunar caustic—which has been uniformly successful and saved my patients the ordeal of one of the most painful operations known to surgical practice. A. P. MERRILL, M. D.

MARRIED.

BURD—SHIPPEN.—In this city, June 7th, by the Rev. Wilbur F. Paddock, D. D., Rector of St. Andrew's Church, Dr. J. P. Burd and Lily B. T. Shippen, daughter of Edward Shippen, Esq., all of Philadelphia.

PORTER—WILSON.—On May 31st, at the residence of the bride's father, Newark, Ohio, by the Rev. H. M. Hervey, L. L. Porter, M. D., of Lonaconing, Md., and Miss Jennie Wilson, of Newark, Ohio.

ROBBINS—HALL.—June 6th, at the residence of the bride's father, R. W. Latham, Esq., near New Brunswick, N. J., by the Rev. E. J. Stern, of Elkton, Md., Dr. E. W. Robbins and Mrs. L. L. Hall.

TAYLOR—HAYNES.—At Richmond, Ind., on the 30th ult., at the residence of Mark Haynes, Wm. H. Taylor, M. D., and Mary, daughter of Ira Haynes, both of Cincinnati.

TIBBALS—HEATH.—In New York, June 7, 1871, at Lexington Avenue M. E. Church, by Rev. Nathan Tibbals, assisted by Revs. C. B. Lord and A. S. Hunt, John A. J. Tibbals, of Brooklyn, and Marion Heath, daughter of A. S. Heath, M. D., of New York city.

DIED.

BROWN.—In Cadiz, O., Feb. 17th, of childbed fever, Mrs. Ida F. Brown, wife of Dr. S. H. Brown, and only child of Dr. F. and Matilda Hamilton, in the 22d year of her age.

She was a most estimable lady, of extraordinary mind, kind and good.

HAZLETON.—In Barnet, Vt., April 7th, Charlotte Moore, wife of Dr. H. J. Hazleton, aged 31 years.

WRIGHT.—At Hamptonburgh, Orange co., N. Y., June 4th, of typhoid fever, Kate W., only daughter of Dr. Bartow and Mary A. Wright, aged 21 years.

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Communications.

ON PLACENTA PRÆVIA.

By N. H. Canaday, M. D.,
Of Kingstown, Ind.

(An address delivered before the Union Medical Society of Indiana. Reported by Dr. J. Crafton.)

In compliance with the requirements of our constitution I, as the retiring President, have to present you an essay, and therefore offer the following brief remarks, thoughts and quotations on placenta prævia. I have selected it as my subject on account of its great importance, and believing, as I do, that nothing arms the medical man for emergencies so well as a full confidence in his own abilities to render every assistance in any given case that his art is capable of doing. Among all the causes that render labor difficult and dangerous, none are so much to be dreaded as placenta prævia.

There is none more perilous, says Lamoth, and I might enumerate all the most eminent obstetricians that have graced the profession, as bearing testimony to its being the most dangerous condition in which the pregnant woman can be placed. The very means which nature has instituted to deliver the mother of her child are the means, in cases of placental presentation, of destroying the lives of both. That this condition does sometimes exist has been known from the earliest periods of medical history.

Hippocrates remarks that the after-birth should come forth last; for, if it come first, the child cannot live, showing that he was acquainted with the accident. Also Guillemeau, Viardal, Mauriceau, and a host of other ancient writers might be mentioned, showing that the accident was occasionally observed and commented on by them; but none of them seem to have understood its true nature, for it is evident, from all their writings, that they believed that the after-birth had been attached to some other part of the womb, and was at the mouth by accident.

It has been maintained by Dr. Robert Lee that Mauriceau understood the true nature of the case; but it is evident from Mauriceau's own writings, and his descriptions of his cases and directions for their treatment, and, moreover, his explanations of the cause of the placenta presenting, that he never once thought that it had been implanted over the os uteri, but that it had been detached from some other part, as he plainly tells us in his first case, by the cord being twisted twice round the child's neck, and passing between its legs, thereby shortening it so that the movements of the child, in adjusting itself to be born, had dragged on the cord, and thereby detached the placenta, and it had fallen down before the child.

The above case, together with his explanations in various other cases, all go to prove conclusively that he did not suppose that the placenta was attached over or near the os at first.

Armand, from 1691 to 1706, inclusive, records eight cases in which great flooding occurred, requiring prompt interference; in four of these he distinctly states that the placenta presented, but he appears to have been totally ignorant of their real nature, and passed them by, paying but little attention to them.

Portal, whose observations were contemporary with Mauriceau's, and extend from 1664 to 1682, has observed the accident seventy-nine times, and appeared to think at first that the placenta was at the os by accident, and detached. In his forty-first case he states that he introduced his hand and separated the

after-birth from the inner surface of the os, into which it had been adhered. In several cases after that he speaks of separating the placentæ from the os, but still passes them by without any explanation how or when they came there.

In 1730, May the 9th, GIFFORD remarks upon his 115th case, "that I cannot implicitly accede to the opinion of most writers in midwifery, that the placenta always adheres to the fundus uteri, for in this case as well as many former instances, I have good reasons to believe that it sometimes adheres to or near the os internum, and that the opening of the os occasions a separation and consequently a flooding." In his next observation, on the 25th of the same month, he says: "The first thing I met with was the placenta, which I found closely adhering round the os internum, which, among many other instances, is a proof that the placenta is not always fixed to the bottom of the uterus, according to the opinion of some writers. Its adhering to the os internum was in my opinion the cause of the flooding, for as the os gradually dilated, the placenta was at the same time separated, from whence proceeded the effusions of blood."

In Gifford's 224th and last case, he speaks as follows: "Before proceeding further with the details of the case, I beg leave to give my opinion upon a point in midwifery, in which I differ from most authors," and then goes on to state that the placenta is sometimes attached over the os and is the cause of the hemorrhage, and gives rules for action not materially differing from the most approved practice of the day.

In 1743 SMELLIE reports a case that occurred in his practice, and lays down rules for action in such cases, similar in most particulars to the practice recommended at the present time.

In 1752 RŒDERES published his work on midwifery, in which ample directions for the management of placental presentations are given.

In 1775 RIGBY published his world-renown essay on uterine hemorrhage. He was the first to divide uterine hemorrhage into two classes: one of which, from its varying causes, he denominates accidental; the others, from the necessity of its occurrence under particular circumstances, unavoidable. But as to his right to the title of being the first to describe the nature of placental presentations, and their proper treatment, the extracts already made from other contemporary writers do not sustain the claim; but whatever may be his claim to priority of discovery there can be no doubt that to his essay, more than to any other single cause, is due the universal interest which from this time invested the subject.

In 1776 FEROUX DE DIJON (a Frenchman, of course,) published his observations, in which, while recognizing the true anatomical relations of the placenta to the uterus, and fully understanding the cause of the hemorrhage, he proposes as the best and surest remedy, therefore, the tampon.

From this time on all doubt as to the true nature of placenta prævia ends; and the controversy which was so rife and so strenuously waged in regard to the very existence of such a relative state of things has been transferred with scarce any abatement to another field of inquiry, to wit: the nature of the utero-placental connections. This question, to avoid tediousness, I will not now trace through its varied and heated discussion, notwithstanding it is an interesting one, and one which is probably not yet settled on a very firm basis. I would merely state that it has been supposed by one party that the maternal blood enters the cavernous structure of the placenta by the decidual arteries, and flows back by the decidual veins into the venous system of the uterus; under this vein the placenta has been compared to a sponge filled with water, in which the fibrous portions represent the fœtal, and the interstices the maternal circulation. By such an arrangement the fœtal vessels are everywhere in contact with, and as it were, bathed in the blood supplied from the maternal sources in this way: the blood of the mother in the placental sack, and the blood of the fœtus, contained in the umbilical vessels, can act and react upon each other through the spongy cellular walls of the placental vessels, in the same manner as the blood in the branchial vessels of aquatic animals is acted upon by the water in which they float.

By the other party the existence of these decidual vessels is denied; they also reject the two-fold fœtal and maternal nature of the placenta.

Based upon these anatomical differences, two theories equally at variance with each other have been proposed to account for the

hemorrhage that occurs when the attachment between the placenta and uterus is broken up.

On the one hand it has been maintained that this hemorrhage proceeds entirely from the surface of the placenta. In opposition to this others contend that it comes from the uterus and from that alone. Were it not for trespassing upon your time and patience too much, I would like to trace this question of utero-placental connection further, as upon it is based theoretically two modes of treatment; however, leaving that for the present, I will proceed to note the treatment.

It is difficult to over-estimate this, for under scarcely any other circumstances is the complete exercise of his faculties united with the perfect coolness so imperatively demanded of the accoucheur. An error admits of no rectification. There is no time nor opportunity to undo that which is done wrong, and a single false step may place the patient beyond the power of rescue.

The question narrows itself down to the simple inquiry, "what mode of practice will in the greatest number of cases prove successful and safe to both mother and child, when the placenta presents first?" Here opinions, unsupported by sufficient evidence, are not the safest guides to follow. Writers may bend facts to support preconceived theories, etc. Neither would a blind adherence to ancient landmarks, and a stern disbelief in any and all improvements, be more likely to lead us to a safe practice. The maxim of St. Paul applies as well to medicine as to theology: "prove all things; hold fast to that which is good."

According to a custom of the old medical writers, in speaking of therapeutical agents, blood-letting heads the list, and as blood-letting has been and still is advocated by some in unavoidable hemorrhage, I head my list with it, not because I think it paramount to other agents, but because it is necessary to notice it, and, more especially, as there is an attempt being made by some writers to revive it.

I have never been able to see the force of the argument in favor of blood-letting to arrest hemorrhage, and, more especially, unavoidable uterine hemorrhage. There is to my mind an inconsistency that I cannot understand, notwithstanding it is highly spoken of by DEWEES, and favorably by CAZEAUX and others, and a writer in the *American Journal of Medical Sciences*, for the year 1869, by the name of GAY, of New York, speaks very favorably of it. He, after suddenly discovering that SIMPSON'S plan was founded in error, and should not, therefore, be adopted, says that he, in one of the four cases that he reports, tried separating the placenta as high up as he could reach, but no less blood followed this operation than before. After praising blood-letting in unavoidable hemorrhage, he says, unfortunately for his theory, he has but one case to bring forward in support of it, and here it is:

"Called in March, 1852, to a case of labor, which proved to be one of lateral presentation; the patient, æt. 27, plethoric and robust, was sitting nearly in the upright position in a chair prepared for the purpose; pains regular but not vigorous; had lost considerable blood during her pains, which had commenced two hours previous; os pretty well dilated; gave ergot and waited until I observed that at each pain the blood spirted from the uterus, when I at once decided to bleed, and accordingly abstracted about eight ounces of blood, which to my surprise and gratification effectually and at once arrested the hemorrhage."

Now, what does this prove in favor of blood-letting? Positively nothing. The case is reported loosely, and so I presume a great many, if not all the cases, will be found, which are brought forward to prove the utility of blood-letting in uterine hemorrhage; the woman was young, plethoric and robust, capable of bearing the loss of a considerable quantity of blood; found her sitting up, a position that she would not be likely to have maintained if she had lost much blood; os pretty well dilated; all favorable conditions. He says nothing about the membranes or waters; probably they had ruptured and discharged just previous to his arrival. He gave ergot and waited. What better or more could he have done, unless the membranes had been intact, when he could have ruptured them. He does not state how long he waited, but decided to bleed, and according to decision bled about eight ounces, which is a small bleeding; but to his astonishment and gratification the flowing ceased and the labor was soon over. And why did the hemorrhage cease? I contend not in consequence of the small bleeding, but from the effect of the ergot producing contractions of the uterus and forcing the head of the fœtus down, which produced pressure upon the bleeding surface,

and the hemorrhage would have been as effectually and as quickly arrested without the small bleeding as with it.

I once had a case very similar to the above, which I will relate from memory. The lady was awakened on Saturday night about eleven o'clock by a sudden gush of blood from the vagina. She was within two weeks of full term, according to her count. The flow continued in a moderate degree until morning, when I was sent for. When I arrived, the discharge had ceased; and, as she had no pains, and the flowing having ceased, I did not make a vaginal examination, but ordered quietude in the horizontal position, etc., etc. She had no hemorrhage on Sunday—nor Sunday night—but it was renewed on Monday morning with slight labor-pains, which occurred at regular intervals; upon examination, found os pretty well dilated with right lateral placental presentation, with a good deal of hemorrhage, especially during each pain. I did not bleed, but gave a teaspoonful of a saturated tincture of ergot, ruptured the membranes, and repeated the ergot every fifteen minutes, until the pains became strong, which did not require more than three or four doses. when the flooding ceased, in consequence of the head engaging in the pelvis, and pressing against the bleeding surface, and the condensation of the uterine walls produced by the ergot. Dr. READ, in his admirable essay on placenta prævia, collects six cases in which blood-letting was resorted to, and says it apparently exerted no effect at all to keep the hemorrhage under control; in one of the cases the mother died undelivered.

He further says, that while it may be useful as a remedy in certain conditions of the general system, it has no special bearing upon the hemorrhage to control or in any way to modify it; and when it is not indicated by other symptoms than those arising from the flooding, its adoption will be of no service, but tend to diminish the chance of the mother's life by just the amount of blood taken from the veins; and that, gentlemen, is just my opinion, and the light in which I view blood-letting in cases of unavoidable uterine hemorrhage.

In cases of lateral, or even partial, placental presentations, where pains have commenced, or even where they are absent, if the os is soft and dilatable, the woman not exhausted, and the absence of the pains is not the result of exhaustion, rupturing the membranes will frequently arrest the bleeding by allowing the head a presenting part to press on the bleeding vessels, and by facilitating the contraction of the uterine parietes, thereby lessening the caliber of the vessels. Ergot also is a useful remedy in those cases by promoting the contraction of the uterus; in many of the above named cases, after rupturing the membranes and administering ergot, they may safely be left to the natural powers of delivery. But if they should fail, then they rather impede the next operation, that is, turning; in so far as they have had any effect at all it has been to render turning more difficult and dangerous.

PUZOS endeavored to substitute for turning the introduction of the finger within the os, and by rupturing the membranes and manipulating with the finger upon the os, so exciting uterine contractions by reflex action as to hasten the delivery, thereby arresting the hemorrhage.

SIMPSON'S method consists in completely separating the placenta; it has been sharply controverted by Dr. Robert Lee, and others, and supported by Byford, and others. Simpson claims that the complete separation of the placenta will arrest the flooding in most cases. He tabulates a great many cases to prove his position, a number of which are reported by other physicians.

Dr. Reed, in his essay quoted before, which was published by the Massachusetts Medical Society, in the "Library of Practical Medicine," has established a number of cases in which complete separation failed to influence the hemorrhage at all. He says it seems to be proved beyond a doubt, by the above cases, that it is not the separation that puts an end to the flooding, but when this has been done, the uterus is put in a condition for its contractive power to act to the best advantage, and if enough vitality remains in the system to insure condensation of its walls, the obliteration of its vessels cuts off the supply of blood, and the hemorrhage is at an end. Dr. TYLER SMITH argues that the reflex action aroused by the separation of the placenta contracts the uterine walls and thereby lessens or obliterates the mouths of the bleeding vessels. Dr. Reed further says that the life of the mother depends more on the disposition that has to be made of the child than that which is made of the placenta, and that

is my opinion in the case, for if the placenta be separated, and the uterus afterward contracts vigorously, the caliber of the vessels is diminished and the presenting part is also pressed against them, which effectually arrests the flow. But if from any cause the uterus fail to contract after the separation, then will the bleeding go on in an increased degree. The plan is not likely to be followed nor advocated by many accoucheurs except in very extreme cases, as it has reference to the safety of the mother alone, the child being necessarily still-born, except it follow immediately.

I will next speak of the tampon, it being in my estimation an auxiliary measure of very great importance, notwithstanding it has its opposers. We find by referring to obstetrical works that its use is opposed or discountenanced by Drs. J. Hamilton, Gooch, Stuart, Blake, Ingleby, Lee, Dewees, Meigs, and some others that might be mentioned, while it is recommended by Maunsell, Burns, Jewel, both the Rigbys, Ramsbotham, Davis, Murphy, Chaily, Lereaux, Miller and others.

In those cases where the hemorrhage is profuse and the os undilated and not dilatable, it serves to hold the flooding in abeyance until the os has time to dilate, and at the same time assists in exciting and strengthening labor-pains. Various substances have been used, but the material is not of so much importance as the manner in which it is applied. Some use sponge soaked in some styptic; others prefer a silk handkerchief; others still have used a thin caoutchouc gum ball or bag with a flexible tube of the same attached, by means of which it can be inflated with air or filled with water, and made to press immediately upon the exposed vessels. What ever substance is used it should be applied as near the mouths of the bleeding vessels as possible. The main object of the tampon being to arrest hemorrhage and gain time until the os is in a condition to admit the introduction of the hand for the purpose of turning or artificial delivery. The empting of the uterus and afterward its permanent contraction appears to be the only safety the woman has.

The Barnes dilators act upon the same principal; they have been very successful in the hands of Professor G. T. Elliot and others, in arresting the hemorrhage and assisting in the dilation of the os preparatory to turning.

We find, in looking over the medical literature of the past ages, that operative midwifery dates back to the fathers in medicine; but while they recommended artifical aid, it was with the idea of bringing the head to engage in its natural position rather than delivering the child by the feet. Velpeau says, that being long imbued with the idea that the positions of the head were the only ones which admitted of a fortunate delivery, physicians only thought of restoring that part to the straits, when the child presented, otherwise than by the head. The precept of Hippocrates was followed, and they endeavored to bring down the head, not only in positions of the shoulder and other regions of the trunk, but also in those of the breech, knees, and even of the feet themselves, which were then looked upon as being very dangerous presentations.

Celsus showed that the fœtus might escape with the lower extremeties foremost, but version by the head was not the less regarded as the safest and most practicable process, until the time of Franco and Ambrose Pare, who lived in the first half of the 17th century. Since the time of Guillemeau, however, it has been almost wholly abandoned; modern authors saying but little about it except to condemn it. Velpeau, however, says it is not always very difficult to take hold of the head while it is in the womb, nor to exert a considerable degree of power on it where that may be required; that unless the waters have been long discharged, and the uterus smartly contracted, we may often succeed, without much difficulty, in laying hold of the occiput and bringing it down to the straits, no matter how far it may have been therefrom; and also points out the cases in which cephalic version should be had recourse to—but this is digressing from the subject.

In regard to podalic version as a means of rendering cases of placenta prævia more manageable, and safe to mother and child, its application dates from the time of Gifford and Mauriseau; and since their time version by the feet has been considered by the profes sion at large as the most judicious and reliable mode of action in these cases.

——Miss Esther Johnstone, one of the most devoted nurses in the German hospitals in France, who recently died at Chalons-sur-Marne in the performance of her self-elected duties, has been buried by the German soldiers, with military honors.

Hospital Reports.

UNIVERSITY OF PENNSYLVANIA.

Surgical Service of Professor Agnew.

May 3, 1871.

[REPORTED BY DE F. WILLARD, M. D.]

Neglected Whitlow.

This boy had a whitlow or felon some months since, which he neglected, or rather refused to have properly treated. As a consequence of this action you now perceive the result. The middle finger is clubbed and angry looking, and is discharging pus from numerous teat-like openings. You will all recognize, even without the aid of a probe, that there must be dead bone beneath.

There are few complaints more common than this, for patients have such a horror of the knife that they will suffer agonies rather than permit you to make an incision, which, though painful at the time, would be but insignificant compared to the endless hours of torture which must otherwise ensue.

When a felon is seen in its very earliest stages you may possibly abort it by thoroughly going over the whole surface with the solid nitrate of silver, but it is seldom that you will have such opportunity. Any deep-seated inflammation of the last phalanx of the fingers is especially dangerous to the life of the bone, for here, (as all of you know who have spent your time in that most valuable place, the dissecting-room), there is no regular division of structures into layers, as skin, superficial fascia, deep fascia, etc., but all are closely connected and bound together, so that an inflammation starting at any point is liable to implicate all—even the periosteum; and when this latter is destroyed the bone must die.

To obviate this unhappy result, then, the *only* hope is in free incision, going down upon the bone itself, dividing the periosteum and preventing all pent-up pus from burrowing, and doing still further damage. Insist upon this, and permit no refusal; do it perfectly and freely, even if you are obliged to produce anæsthesia, which is often, in truth, necessary with timorous patients.

Such an operation properly performed at an early period will give you the thanks of your patients in the end, when they realize the relief you have afforded in saving them months of suffering from necrosis. The probe in this case reveals the characteristic rough, denuded face, which you will easily recognize; and I find that the second, as well as the third phalanx is necrosed, so that we shall be obliged to amputate at the articulation between the first and second, which leaves a short and awkward stump; so much so that many surgeons recommend removal at metacarpophalangeal articulation. This indeed does give a better appearance to the hand, and also gives it more strength and usefulness I believe, but you will find it difficult to convince your patients of such fact, since they will naturally desire that as large a portion of the hand as possible shall be saved.

In amputating a finger you will make your flaps to suit the case itself, dependent upon the position of healthy tissues. The long anterior flap is the best method when possible, the joint being entered from behind by means of a short posterior incision. The greatest difficulty arises from the lateral ligaments, which hold the irregular articulating surfaces of the bones in close apposition, and you will experience great annoyance if you attempt to disarticulate by passing the knife directly through, but if you only use the point of the blade, and cut each one separately from without inward, this trouble will be largely avoided. This must be done thoroughly, or there will not be room to turn out the condyles sufficiently to insert the knife beneath to shave the anterior flap.

The digital arteries which run along the sides of the finger will usually be enlarged to such extent as to require ligatures. The best dressing is dry lint, with any simple ointment.

[Finger amputated at articulation between first and second phalanges. Short cutaneous posterior and long musculo-cutaneous anterior flaps employed. Def. W.]

Myxoma.

Here is a woman who presents herself with a tumor at the external anterior brachial region, just above the elbow, which she says has been growing for more than a year and a-half. It is elastic, freely movable, imparts a sense almost of fluctuation, and is smooth and regular. What is its nature? It imparts to the hand somewhat the feeling of a fatty tumor, but it is not lobulated, and is not quite as firm as such a tumor should be. It has large, dark veins coursing over its surface, but these do not necessarily imply malignancy, since any mass interfering with the superficial circulation may produce this result. Moreover, the auxiliary glands are not enlarged.

It is painless, but this on the other hand does not forbid malignancy, for you will remember a lad who was before you some weeks since with a huge encephaloid tumor of the arm, yet had never suffered pain. It is not an aneurism, for it is far outside the brachial artery, and besides, there is no pulsatile shock or thrill. It is not an abscess, for there has been no injury to the part, and the sense of fluctuation is but slightly present; and moreover, the time has been nearly two years, and it is extremely improbable that a tumor of the size of an orange

would form in this region of the body before it would break. Let us try an exploring needle. I find no escape of contents save a little thick, gummy serum. I confess I am a little puzzled in diagnosis. It might be a fatty tumor, and yet I do not believe that it is so. There are colloid tumors found in this region, but the history of this is not such as to place it under this head.

There is a class of tumors to which this might possibly belong, called collonema, by Müller, myxomata, by Virchow (Schleim—geschwülste) mucous tumors (the gelatinous sarcoma of Rokitansky), which belong to the development series of the connective tissue, and whose structure is interlaced with delicate partitions, while the interspaces are filled with a gelatinous-like material, resembling the delicate tissue of the vitreous body, or the subcutaneous tissue of the embryo, or the Whartonian jelly of the umbilical cord. Virchow makes a distinction from collonema, which he describes (Cell.Patholog.) as tumors formed of very soft connective tissue, soaked in an albuminous fluid; but Billroth, both in Entwick, der Blutgefässe, and in his recent book uses both terms for the same tumor, which he describes as a connective tissue tumor of a gelatinous consistence, the fibres of which are of great delicacy; but gives collonema as the old name.

These tumors are entirely different from the "mucous cysts" found in connection with Naboth's, Cowper's, Bartholin's, or Duverney's glands, since the latter are but dilatation of the ducts or cystic transformation of the structure of the gland, while these are true neoplastic growths, and contain spindle-shaped or round cells in their intercellular structure. Mucous polypoid growths found in the nares, external auditory meatus and uterus, do, however, often resemble them in structure.

I do not know that this is such a growth, but it may be, and if so we will find it upon section to present a jelly-like basis, with a fine network of connective bands traversing it in all directions. Its growth has not been rapid, and I do not think that it is malignant in its character.

Whatever be its nature, I believe that removal will be the proper treatment. This can be easily done, as it is quite superficial, being directly in the subcutaneous tissue, if we are right in our diagnosis of its being a connective tissue tumor.

[An incision was made directly down upon the mass, and the handle of the knife then used to enucleate it in its entirety. The tumor was found to have a distinct limiting wall, and was, as predicated, directly in the subcutaneous connective tissue, and so closely in relation with the cephalic vein that it was injured in the operation. To prevent hemorrhage from the aperture, the vein was cut entirely across and the two ends each secured by an acupressure pin, which effectually controlled all hemorrhages, and were removed on the second day. The external cutaneous nerve, though in intimate association with the mass, was uninjured.—DEF. W.]

Dr. WM. F. JENKS was kind enough to examine the tumor, and reported as follows: "The portion of tumor examined consisted externally of a white, dense, fibrous membrane or capsule, from which larger and smaller prolongations were thrown out into the interior of the growth, which was glutinous in structure, of a transparent, grayish color, and finely sprinkled with minute, yellowish patches. Other parts were of deep, rosy color, evidently due to the great vascularity of the tissue in these parts. Under the microscope the irregular network could be seen formed by delicate bundles of connective tissue and elastic fibres, which divided in all directions, forming imperfectly closed spaces, in which were lying polymorphous cells—round, star-shaped and spindle-shaped—separated from one another by a large amount of intercellular substance, which was precipitated by acetic acid, the whole forming the so-called myxomatous or mucous tissue. In places these cells had undergone fatty degeneration, giving rise to the yellowish patches visible to the naked eye."

Hypertrophied Mammæ.

M. S., æt. 37 years; has had twelve children, all born alive; youngest, two years and a half since. In the seven labors preceding the last has had an equal number of mammary abscesses in the right breast, all of which were of long duration; did not nurse her children from this breast, since it never yielded much milk even previous to these disasters. Immediately after the last labor this gland commenced to enlarge, and has continued in its course up to the present time, when, as you see, it has reached an enormous size, measuring nineteen inches in circumference. It is accompanied by a burning sensation; although the pain is not very severe, yet it is exceedingly tender to the touch, and she shrinks from my hand, as you perceive. Four months since the left breast also commenced to enlarge in the same manner, and has continued in a similar course, although it has not yet reached as great a size. The subcutaneous veins can be seen distinctly coursing over its surface, showing obstruction to their circulation; but there is no neighboring glandular enlargement, and the woman's countenance gives no evidence of malignant disease. The breasts are both freely moveable upon the pectoral fascia, and the nipples are large and prominent. She informs me, moreover, that this right breast especially is greatly augmented in size at her menstrual periods, and also becomes the seat of severe shooting pains.

From this history I am convinced that there is nothing malignant about this growth, but that it is an instance of hypertrophy of the breast, associated, I could be confident even without inquiry, with uterine derangement, as is the general rule. Upon

investigation I find this to be the case, and she has not only great dysmenorrhœa, with severe previous headache, but her catamenia also appear every two or three weeks, and are very profuse. She complains also of dysuria, so severe at those periods as to compel her to seek the bed for relief. Her uterus has been examined, and has been found enlarged and exceedingly tender to the touch, while its body is turned directly forward, constituting the condition known as anteflexion, which will readily account for the bladder symptoms.

It is so much enlarged that the uterine sound passes $3\frac{3}{4}$ inches into its cavity, and we must endeavor, by local treatment, to reduce this difficulty before we can hope to benefit the breast. This we shall do by restoring and retaining the uterus to its normal position, and then applying tinct. iodine to the whole internal surface as high as the fundus, since this remedy has a most powerful and happy alterative and absorbent effect upon the organ. This can easily be done by an aluminium wire wrapped with cotton, carried up through the os. Then, internally, we will give her potass. brom. gr. xv., and potass. iodid. gr. v. t. d., together with ol. morrhuæ, and upon the breast will apply an ointment made of sixty grains of potass. iodid., twenty grains of iodine, and five grains of ext. bellad., rubbed up with an ounce of lard, together with suspension and gentle pressure. Should pain be severe, veratria ointment may be rubbed in night and morning.

[Under this treatment the breast has been sensibly reduced in size, and pain lessened. The uterine symptoms are also abating under continued treatment.—DEF. W.]

This tumor would formerly have been classed under what were known as adenoid—tumors of glands in which the minute structure did not differ essentially from the normal gland—but many growths described as adenoma are essentially fibroid in their nature. This term comprised the "chronic mammary tumors," "mammary glandular tumors," "imperfect hypertrophy," etc., of Cooper, Paget, Lawrence, Birkett and others; but this tumor differs from these in that it is evenly enlarged, and is not a partial hypertrophy of the organs. Pure adenomata are rare—if we accept under this term only those tumors in which there is a new formation of genuine, regularly developed glands, or parts of glands. Förster describes a form of acinous adenoma of the mamma, which is very rare but is benign.

Mammary glandular tumors are usually small, oval, firm, elastic, and nodular, and are situated in any portion of the gland, which may itself be pushed aside or not by the growth. The veins are often enlarged as in cancer, but there is no pain, no involvment of glands, and growth is slow.

Whatever be the pathological character of any of these tumors, however, our chief concern as surgeons is as to the advisability of removal by the knife. In cases like the one before us, I should certainly advise that it be left until it, at least, gives great inconvenience by its excessive weight, which should indeed be a rule in all benign growths of this gland, for this reason: an innocent tumor may exist in the person of a patient who is predisposed constitutionally to cancer, and the removal of the breast may be just that irritation which is required to develop those germs lingering in the blood, and which might never otherwise have been brought into activity.

Thus at least, I think, we can explain some cases of cancer of a cicatrix, occurring when everything indicated that we were right in our diagnosis as to the harmless character of the primary tumor.

Medical Societies.

STATE MEDICAL SOCIETY OF WEST VIRGINIA.

The Medical Society of the State of West Virginia met in fourth annual session in the courthouse of Berkeley county.

Dr. BLAND, of Weston, the President, called the Society to order.

Mr. President read his address, giving a brief history of the origin and progress of the society, and spoke very appropriately of the proud future that awaits an institution, organized as this Society was, for the promotion of purposes so laudable.

Dr. L. H. LAIDLEY, delegate from the State Medical Society of Pennsylvania, was introduced to the society by Dr. G. A. HAMILL, and, on motion of Dr. HUPP, he was invited to take a seat with the members, and participate in the proceedings.

Dr. BATES suggested that the Society would be pleased to receive kind greetings from the Pennsylvania Medical Society, whereupon Dr. Laidley addressed the society in well chosen remarks.

The report of the Committee on Publication was read by the chairman, Dr. Bates, and accepted.

Dr. Hupp remarked that he held in his hand a report on Topography, Climatology and Epidemic Diseases of Upshur county, by Dr. Elias S. Bronson, who was absent, and which, if the society so request, should be read; which, on motion, was read by the Secretary.

Committee on Necrology not present. On motion of Dr. Bates, the committee was granted until next meeting to report.

Dr. TODD, of Wheeling, read a lengthy and instructive report on the Medical Botany of the State, and detailed some novel cases of poisoning occurring in his practice, in the successful management of which he relied nearly exclusively on applica

tions of aqua ammonia externally, and aromatic spirits of ammonia internally, which was referred to the Publishing Committee, on motion of Dr. LAZZEL, with instructions to publish such portions as they may deem appropriate.

Dr. W. H. SHARP read a volunteer paper, replete with interesting matter, on the *Temperature* of the body in Health and Disease, which, on motion of Dr. WEISEL, was ordered to be published *in extenso*.

Dr. L. H. Laidley made interesting remarks on the temperature of the *blood* in health and disease, and inquired of the author if he had noted the temperature of the blood—not noted.

Dr. Bates offered resolutions, which were unanimously adopted, instructing that, hereafter, no member, who may be in arrears for admission fee or annual dues, shall receive a copy of the transactions, and, if settlement be neglected for two years, the names of all such shall be dropped from the roll of members.

Dr. Bates also offered a resolution, which was adopted unanimously, that the constitution be amended in such manner that the annual assessment shall become due and payable in advance on the first Wednesday of June annually, instead of first of January, as heretofore.

On motion of Dr. Hupp, the Secretary was instructed to furnish each member of the Society with a copy of the resolutions.

A volunteer paper was read by Dr. H. J. WEISEL, detailing the history of five cases, successfully treated, suffering from the effects of that species of entozoa denominated *trichina spiralis*. The paper was referred to the Publishing Committee for publication.

On motion of Dr. Todd, it was resolved that a committee be constituted who shall make still further investigations, and report at the next meeting, on the Medical Botany of the State.

Dr. Bates, in view of the fact that the hour of adjournment was rapidly approaching, moved that the questions for discussion be indefinitely postponed, which was adopted.

Dr. Hupp presented the report of Dr. S. L. JEPSON, of Wheeling, in accordance with by-law IV, giving a list of the officers and members of the Medical Society of the city of Wheeling and county of Ohio, together with other matters of interest, which was read by the Secretary and ordered on file.

Dr. H. W. BROCK, of Morgantown, offered a preamble and resolutions endorsing the action of the Legislature in its liberal encouragement of educational facilities in the State, which were adopted.

The Board of Censors reported favorably to the admission of JOHN REYNOLDS, M. D., and J. J. STRAIGHT, M. D., as members, the former, of Shepherdstown, and the latter, of Charlestown. Both were unanimously elected.

Early in the session, N. D. BAKER, M. D., of Martinsburg, and JOHN B. SNODGRASS, M. D., of Mill Creek, Berkeley county, were admitted to membership.

Dr. Bates moved that a committee be appointed to memorialize the Legislature to abolish all laws (State) prohibiting practical Anatomy. Adopted.

Dr. Hupp proposed a resolution, recommending and earnestly urging all school boards to *require* children to produce evidence of their having been successfully vaccinated, before they are permitted to attend the public schools within the State.

Dr. S. L. Jepson, of Wheeling, and Dr. J. W. RAMSAY, of Clarksburg, were appointed essayists, to report at next meeting.

Delegate to the Pennsylvania State Medical Society, Dr. G. A. Hamill, of Martinsburg; delegate to the Medical Society of the State of Ohio, Dr. S. L. Jepson, of Wheeling.

The following gentlemen were elected officers for the ensuing year, viz.:

President—Dr. J. M. Lazzel, Fairmont.

Vice Presidents—Dr. H. J. Weisel, Wheeling; Dr. G. A. Hamill, Martinsburg; Dr. L. R. Charter, West Union.

Secretary—Dr. Wm. M. Dent, Newburg.

Treasurer—Dr. John C. Hupp, Wheeling.

Wheeling, West Union and Point Pleasant were put in nomination, and a ballot being taken, Wheeling was chosen as the next place of meeting.

Dr. Weisel offered a resolution declaring it unprofessional to render professional services by contract, or for a specified sum per annum, which was adopted.

After a very pleasant session, the Society adjourned, to meet in Wheeling, on the first Wednesday of June, 1872.

Reviews and Book Notices.

NOTES ON BOOKS.

With the June number of the New York *Medical Journal* Dr. EDWARD S. DUNSTER ceases his connection as editor. He has occupied that position for five years with marked ability, and his retirement will be regretted by all. His successors are Drs. WM. T. LUSK and JAMES B. HUNTER.

A valuable help to the student has lately been prepared by Dr. RALPH M. TOWNSEND, Assistant Demonstrator of Anatomy in the Jefferson Medical College. It is a "Student's Chart of the Sympathetic Nerve," published by Turner Hamilton, 106 South Tenth street, Philadelphia. The chart is handsomely colored in three tints to represent the sympathetic motor and sensory nerves, and the

distinction between the branches of communication and those of distribution is marked by arrowheads.

BOOK NOTICES.

A Treatise on Diseases of the Nervous System, by WILLIAM A. HAMMOND, M. D., Professor in the Bellevue Hospital Medical College, etc., with forty-five illustrations. New York: D. Appleton & Co., 1871. 1 vol., 8 vo. pp. 754.

The medical public will be glad to receive this work of Dr. Hammond, written, as it is, on a branch of science hitherto quite obscure, and based, as it is, very largely on the personal observations of the author, which have been extended and careful.

Without being, or aiming to be, exhaustive, it will be found a sufficiently complete treatise for the majority of readers. It commences with a chapter descriptive of the apparatus and implements employed in the diagnosis and treatment of neuroses. These are treated under five sections: the first, relating to diseases of the brain; the second, diseases of the spinal cord; the third, cerebro-spinal diseases; the fourth, diseases of the nerve-cells; the fifth, diseases of the peripheral nerves.

A number of accurate illustrations add to the value of the work, and the typographical appearance of the pages are in every respect satisfactory.

On the Physiological Effects of Severe and Protracted Muscular Exercise; with Especial Reference to its effect upon the Excretion of Nitrogen. By AUSTIN FLINT, Jr., M. D., etc. (Reprinted from the New York *Medical Journal*, June, 1871.) New York. D. Appleton & Co., 1871. 1 vol., pp. 91. Cloth. Octavo.

The experiments upon which this treatise is founded were conducted upon Mr. EDWARD P. WESTON, the celebrated pedestrian, during his "walks against time" in New York city. The accuracy with which the observations were made, and the luminous and satisfactory manner in which their results are here submitted to the physiologist, merit the highest praise. The conclusions arrived at, which we have not space to give in detail, are certainly destined to exert a marked influence on the physiological theories of the day with reference to the relations of food and exercise. Such an opportunity to decide these questions by actual experiment does not often present itself; and we are the more pleased, therefore, that it came under the observation of one so perfectly qualified to take advantage of it as the younger Flint.

On Uterine Polypoid Tumors.

Dr. JOHN ELLIS BLAKE, M. D., of New York, read before the New York Obstetrical Society, the following paper, which we quote from the *American Journal of Obstetrics*:

I would ask the indulgence of the Society for the subjoined reports of some cases, which I have drawn from the original notes. I trust due allowance will be made, when difficulties are alluded to, for the difference between country and metropolitan facilities, and that the rapid strides gynecological medicine has made, even since the cases occurred, will be remembered. One of the polypi was of the ordinary cellular variety, and would not have been deemed worthy of mention save for the complication of intestinal impacted concretion mentioned in the report. The other two were large sessile growths, measuring over twelve inches in cicumference, even when much shrunken and drained of their fluids. They started from the uterine wall, near the fundus, and produced partial inversion when extruded. They were both composed of very firm fibroid tissue externally, which cut with the creaking hardness of schirrus. In the central portion, however, of their mass, this tissue was permeated in every direction by large vessels like venous sinuses, but that it was firmer; there was something about this portion very much like placental tissue. Ligation and the application of the écraseur had been attempted by other surgeons without success before I was called, nor could I do any better with these means. The hemorrhage from both when cut into was profuse; still, their vitality and vascularity were so destroyed by the action of persulphate of iron, with which a conical cavity made in the centre of each was plugged, that in a few days they were excised without hemorrhage. The total absence of this impressed me very much, and led me to hope that, if subsequent trials should confirm the results obtained in these two cases, the operation by excision (thus divided into two stages, one of coring and plugging with persulphate of iron prior to the second one of complete removal) might be rendered popular in the country, where most practitioners were at this time wedded to the old erroneous ideas of the superior safety of the ligature. To such an extent was this the case, that the surgeon who operated upon uterine polypi in any other way, often did so on his own responsibility, and without the moral support of the profession. For this reason, and knowing that the operation of "coring," as I will term it, had found favor in London, where various instruments to facilitate its performance had been invented by Mr. Philip Harper and others, and believing the subsequent plugging with iron to be an improvement, I urged the propriety of giving a fair trial to it, summing up, in these words, a report made at the time: Will it not do, at the present time, with all the facilities which modern surgical invention have furnished, to make excision, subject to certain preliminary precautions, the rule for the treatment of fibroid polypi, and let ligation be the exception? Will it not be safe to take, as general rules of practice, something like the following:

(1.) If the polypus be still within the uterus, dilate the os and take a core from it, or lacerate its capsule, applying ferri persulph. Its vitality being destroyed, it will cease to act as a violent excitor of hemorrhage.

(2.) If it have been extruded and be small with a slender pedicle, use torsion, and excise in twenty-four to forty-eight hours afterwards.

(3.) If large, remove a large conical core whose apex shall reach the center of the mass, fill the cavity with persulphate of iron, forced in by tampons of cotton, and excise in three days, removing piece by piece cautiously with curved blunt scissors. The cases given, for which we have not space, seem to justify these principles.

MEDICAL AND SURGICAL REPORTER.

PHILADELPHIA, JUNE 24, 1871.

S. W. BUTLER, M. D., D. G. BRINTON, M. D., Editors.

☞ Medical Society and Clinical Reports, Notes and Observations, Foreign and Domestic Correspondence, News, etc., etc., of general medical interest, are respectfully solicited.

Articles of special importance, such especially as require original experimental research, analysis, or observation, will be liberally paid for.

☞ To insure publication, articles must be *practical, brief* as possible to do justice to the subject, and *carefully prepared*, so as to require little revision.

We particularly value the practical experience of country practitioners, many of whom possess a fund of information that rightfully belongs to the profession.

The Proprietor and Editors disclaim all responsibility for statements made over the names of correspondents.

NATURAL THERAPEUTIC WATERS.

A broad classification of therapeutic resources would permit of us dividing them into such as owe the form in which they are used to the assistance of human art, and those which are provided ready-made as it were by the hand of Nature. Conspicuous among these latter we must rank the waters of springs, wells, or lakes holding in solution various salts.

These are constantly growing in importance in the public estimation, and receive also many ready recommendations from physicians. Very elaborate systems of classification have been adopted, and the peculiar virtues of various springs highly and no doubt vaguely extolled.

Yet it is singular to note how very discrepant the opinions of really scientific observers are as to the merits of mineralized waters. There are those who, following Professor DUNGLISON, are sceptical of any actual therapeutic effect whatever, and attribute the benefit which patients derive merely to change of air and diet and the tonic influence of a sanguine belief. These accessories must unquestionably be allowed considerable weight.

Then the use of an unusual amount of water, whether mineralized or not, taken internally or by bathing, also exerts an excellent control over not a few complaints. Some think that the principles of simple hydropathy are enough to explain all cures at the "springs." To their views also we must concede considerable weight, though we disavow credence in any exclusive theory.

There still remains the actual presence of a relatively large per centage of inorganic matters in the waters to exert some influence. This, it is true, is often so small compared with the customary doses of these same articles that they cannot be supposed to act powerfully on the system. The iodine in sea water is too inappreciable to go for much in estimating the benefit of marine baths.

A long and close observation alone can determine what part the solid residue plays in the improvement of health. Such observation, we regret to add, is rare. Too frequently the only aim of those who should study the therapeutic effects with impartial minds, is to laud them only.

We have recently received numbers of circulars and descriptive pamphlets of various waters, and we had it in our minds to attempt an arrangement of them under a series of headings illustrative of their adaptability for various classes of disease. This has been found to be impossible, from want of data, or perhaps we should say, excess of data, as the claims generally put forward are so comprehensive, yet so vague, that they admit of no dependable arrangement.

This country is peculiarly rich in "airs and waters" and their natural therapeutic resources are as yet undeveloped and unappreciated. The time is approaching, however, when we may look for serious and accurate studies of this interesting subject.

Notes and Comments.

Qualities of a Good Doctor.

An exchange gives its readers some advice how to choose a doctor. The advice is as good for the doctor as the patient. Here it is:

First, let us advise you to avoid the *drunken doctor* as you would a viper. Avoid a *mean* man, for you may be sure he will be a mean doctor, just as certain as he would make a *mean* husband. Avoid a dishonest man; he will not be honest with you as your physician.

Shun the doctor that you can *buy* to help you out of a scrape—a good doctor cannot be bought.

Avoid the licentious doctor, if you would protect your family. There can be no compact between virtue and vice.

Avoid the untidy, coarse, blundering fellow, for the man who is clumsy in hitching his horse you may be sure is not handy at midwifery or surgery.

Avoid the doctor who flatters you, and humors your lusts and appetites.

Avoid the man who puts on an extra amount of *airs;* be assured it is done to cover his ignorance.

Avoid the empty blow-horn who boasts of his numerous cases, and tells you of his seeing forty or fifty patients a day, while he spends two hours to convince you of the fact. Put him down for a fool.

To be a doctor one must first be a *man* in the true sense of the word.

He should be a moral man, honest in his dealings.

He must have good sense, or he cannot be a good doctor.

He should be strictly temperate. No one should trust his life in the hands of an intemperate doctor.

He must have some mechanical genius, or it is impossible for him to be a good surgeon.

It is a good sign if he tells you how to keep well.

It is a good sign if the members of his own family respect him.

It is a good sign if the children like him.

It is a good sign if he is neat and handy in making pills and folding powders.

It is a good sign if he is still a student, and keeps posted in all the latest improvements known to the profession for alleviating human suffering.

Watkins Glen, New York.

Among the popular places of healthful summer resort is the beautiful glen named above, located at the head of Seneca lake, New York. Grace Greenwood says of it: "Through the boldest Yankee enterprise, these wild grandeurs and beauties, for three hundred centuries [vide Agassiz] barred and buried from the world, have been thrown open to our gaze, and it is no wonder that the tides of travel are setting thither from all directions, that hundreds daily climb its dizzy stairways, pick their way along its narrow ledges, dodge under its little side cascades, watch for rainbows beside its waterfalls, gaze into its profound, mysterious pools, and speculate on their wonderful formation. We go leagues out of our way, in foreign travel, to see things *far less worth seeing*, like Tivoli and Veloni, Lodore, Glencoe, the Killaney cascade, the vale of Avoca, the Dargle and the Devil's Glen at Wicklow."

Flower Charities.

Societies have been formed in Boston and New York called "Flower Charities," the object of which is to provide flowers for the wards of the Hospitals, and to supply the sick with fruits, under the direction of the attending physicians. The idea is an excellent one, and we trust that it will receive the attention of the benevolent in this and other cities.

Dr. Miles' Inhaler.

This new instrument, for the inhalation of medicated vapor, is recommended for the treatment of diseases of the nasal and bronchial mucous membrane. It is neat in construction, and will be found a convenient adjunct to the physician's apparatus.

Communications.

DOMESTIC.

Singular Recovery from Injury in an Animal.

Eds. Med. and Surg. Reporter:

The following case may be of interest, showing, as it does, the extraordinary effort and ability of nature to repair an injury which oftentimes appears incapable of remedy:

About the 30th of last March a large hog was struck on the left side of the abdomen with an ax by a man who was desirous of killing it. The gash made by the ax, when first noticed, was about seven inches in length. The animal ran away after receiving the blow; and next day the owner of it closed the wound imperfectly with cotton sutures. In a few days a mass of intestine and fat protruded, and the animal was allowed to run at large, as no hopes were entertained of its recovery. In ten days after the mass of fat protruded it sloughed away, *and in it was found the left kidney*. The intestine was found to be uninjured, was returned, and the wound again closed. In two weeks the animal recovered, and is to-day apparently well, though very much thinner than before receiving the injury. The course of the case was observed by several persons who can testify to the correctness of the description here given of it. I make this imperfect report, as it interested me in watching it, and may *be worth recording*.

Wm. R. D. Blackwood, M. D.

Patona, Ala., May 4, 1871.

The "Living Skeleton."

Eds Med. and Surg. Reporter:

In The Reporter of May 27th, page 431, the case of Geo. M. Ellis is reported, and the question asked, "What was the matter with Mr. Ellis?" I was acquainted with a similar case 35 years since:

Calvin Edson, of Randolph, Orange county, Vt., born about 1790, began to emaciate at about the age of 25; he enjoyed firm health, and his appetite was uniformily good. When about 35 years of age he went on public exhibition as the "Walking Skeleton"–"General Bony Edson." He now weighed about 55 pounds. He was a very social man, full of fun and bar-room jokes, and would eat larger rations and drink more brandy than any other man. He traveled extensively in Europe on exhibition, and attracted great attention. His health failing, he returned to his old home in Randolph, and died about 1836. For several years previous to his death he weighed only 45 pounds.

A *post-mortem* examination revealed the mystery of his case: the thoracic duct was nearly closed by

morbid thickening of its walls, so that very little chyle could find its way into the circulation. There was a "resurrection" of the body of Edson the night after it was deposited in the tomb, and report says it is now a dried specimen in a private museum in the East.

S. KEITH, M. D.

Clinton, Iowa, June 7, 1871.

News and Miscellany.

Capacity of a Person to Make a Will.

An interesting will case has just been decided in Boston (*Austin, Executor, agt. Loring, Guardian*). The testator was James T. Austin, formerly Attorney-general of the State. Wells, J., in charging the jury on the capacity of a testator to make a will, laid down certain principles so clearly that they will bear repetition here. As to what constitutes a sound and disposing mind and memory, the Court said: 1. The testator must be able to call to mind and understand the condition and character of the estate which he undertakes to dispose of. 2. He must be able to call to mind the several persons who are the proper objects of his bounty, his actual relations to them, and his settled purposes toward them, if any such has been formed in his mind. 3. He must be able to apply his mind to the dispositions which he desires to make, so as to direct intelligently these dispositions, and to appreciate their purport and effect when written. Again, the fact that a parent disinherits a child is not enough to invalidate a will, for if a parent did it intentionally, he has a perfect right to do it, though the fact may bear upon the question of sanity, which it is for the jury to determine. So the will itself may furnish evidence bearing upon the same question, and all other writings made by the testator about the same time, including written instructions for the preparation of the will. Previous wills are also to be considered. A person may have sufficient capacity to make a will, and yet be easily controlled and diverted from his purpose; but mere weakness of mind is not unsoundness.

The Proposed University Hospital.

The University of Pennsylvania is now engaged in constructing handsome new buildings in West Philadelphia, for the various departments which it embraces. It is also proposed to establish in connection with the medical department a large hospital, for the double purpose of clinical instruction and affording the city increased hospital accommodations.

The scale on which this is contemplated will be seen from the following extract from the appea which has been circulated in behalf of the enterprize:

"The Trustees of the University have accordingly decided to devote a portion of their property in West Philadelphia—large enough for the erection of an appropriate edifice, with sufficient space around it for all purposes of exercise and ventilation. In order to complete such a hospital with a complement of two hundred and fifty beds, and to maintain it in proper order and efficiency, a building and endowment fund will be required of AT LEAST SEVEN HUNDRED THOUSAND DOLLARS. Less than this might, and will, of course, be made available to a correspondingly limited extent, in a partially completed edifice with a smaller number of beds; but a million of dollars could be employed without extravagance, and with inestimable benefit to the sick and wounded, not only of our own community, but of the great manufacturing and mining districts by which we are surrounded.

"In view, therefore, of the facts and considerations here presented—as to the *requirements of medical education*, the need in Philadelphia of *increased hospital accommodation*, and the *material advantage to our city*, we most earnestly commend the undertaking to our fellow citizens, and to all the friends of the University."

We learn that nine gentlemen have already subscribed $10,000 apiece, so that the assurance of the full amount required does not seem distant.

Physicians for Sale.

The derogatory spectacle of physicians underbidding each other for the practice of a poor-house was lately adverted to in our columns. Not long after our notice appeared we received the following note from Dr. WM. EKWURZEL, of this city, which requires no comment:

EDITORS REPORTER: On reading your article in THE REPORTER for May 20th, concerning "proposals" for attending paupers, etc., I little thought that I would, within ten days, be asked to send in a proposal for attending the poor of this place. The enclosed letter from the secretary of the Board of Guardians of the Poor for Oxford and Lower Dublin townships speaks for itself. I, of course, will take no notice of the letter,

This is the "bid:" "DOCTOR ——: Proposals will be received until the 14th day of June for out-door poor-physician for the district composed of Frankford and Whitehall, for one year."

A California Health Resort.

To use a homely phrase, people are pretty well convinced now that California is not "what it was cracked up to be," either for gold mines or salubrity. As a resort for consumptives it is about as *un*desirable as any other State, at least the greater part of it. Dr. THOMAS M. LOGAN, however, claims to have found a model health-resort in the southern portion, near Santa Barbara. He tell us, "it consists of a coastwise strip of land, averaging

about three miles in width and some sixty or so in length, and extending in a due westerly course from Point Conception to Point Buenaventura. Bounded on the north by the Coast Range mountains, of an average height of 3,000 feet, which prove an insurmountable barrier to the pecular harsh oceanic winds, and on the south by a channel formed by the Santa Cruz and other islands, some 20 miles distant, which serve as well to deflect the cold current that sweeps down from the Arctic seas as to afford protection from the concomitant cold fogs that roll in so uninterruptedly in other parts of the coast, this portion of California stands out preëminently the land of promise to the weary, desponding invalid." The average temperature is 60°, the range 50°, the air moist, and of a "peculiarly ambrosial" character. We shall be delighted to hear that experience justifies Dr. Logan's sanguine expectations.

German Necrology.

Death has been busily at work among the eminent medical men of Germany these last few months. Dr. OPPOLZER, of Vienna, died April 16, at the comparatively early age of 63 years; Dr. FELIX VON NIEMEYER, the eminent clinical teacher, in the height of his fame, at 54 years, in March; Dr. KARL E. A. WAGNER, Professor in the University of Königsberg and Surgeon-in-chief of the Army of the South, in February; Dr. MITSCHERLICH, of Berlin, in March; and Professor HENKEL, of Tübingen, in March, make up a list of losses to science which we deeply regret to chronicle.

Anti-Materialism.

Mr. E. Steiger, of New York, the energetic German publisher, proposes to publish a series of short original essays on the relation of science to religion, on the theory of Darwin, and on the teachings of Büchner's *Kraft und Stoff*, with a view to oppose the materialistic tendencies of many physicists. We wish him every success in this excellent enterprise.

The Homœopathic Convention.

A meeting of the American Institute of Homœopathy was held in this city last week. The attendance was large, and the proceedings seem to have been highly satisfactory to those principally concerned. The meeting lasted four days, and a large number of papers were presented and read.

Sentence of an Abortionist.

Dr. REID, of this city, was sentenced last week to six years and five months in the penitentiary on a charge of criminal abortion. He protested that he was the victim of a conspiracy, but the jury considered the evidence too direct to accept the view.

——Fighting, says the *Saturday Review*, is an earlier invention than either ambulances or surgeons, and it is a curious question whether, as civilization has advanced, men have not lost something in the natural power of recovering from wounds, while appliances to assist recovery have been continually improved.

QUERIES AND REPLIES.

Dr. W. L. D., Ohio.—A pocket case of instruments will cost from $15 to $25, according to the number of instruments. $20 would get you a nice case.

Dr. D. C. H., Mich.—There is such an institution as the "Eclectic Medical College of Pennsylvania." Its name has been associated, of late, in the newspapers and in proceedings in our Legislature with the "American University of Philadelphia," on the charge of selling diplomas. There seems to be strong evidence to sustain the charge. We cannot recommend the school, and should regard its diploma as worthless.

Hydrate of Chloral.

EDS. MED. AND SURG. REPORTER.—Among the numerous reports of the action and uses of the drug Hydrate of Chloral, I have seen no mention of *blindness, or defective vision noticed.* As I have used the drug considerably and in a variety of cases, and in all, having noticed the above as a constant symptom, I ask a place in your valuable REPORTER. The above symptom has not been noticed by the numerous writers who are in the habit of contributing to the MEDICAL AND SURGICAL REPORTER.

West Town, N. Y., June, 1871. A. J. JESSUP.

MARRIED.

DAVIDSON—WHEELER. On the 1st of June, at the residence of the bride, in Bridgeport, Conn., by Rev. Robert Davidson, D. D., assisted by Rev. H. G. Himdale and Rev. Sidney G. Law, Henry Harris Davidson, M. D., of Northport, Long Island, and Miss Julia E. Wheeler.

JANEWAY—ROGERS.—In New York, June 1st, at the South Reformed Church, by Rev. E. P. Rogers, D. D., assisted by Rev. Henry Neill, D. D., Edward G. Janeway, M. D., and Fannie S. Rogers, all of New York.

JOHNSON—BROWN. On the 7th day of June, at Circleville, Ohio, by the Rev. Wm. MacMillan, at the residence of Dr. M. Brown, Leonard E. Johnson and Kate L. Brown.

LONG—PARSONS.—On the 6th day of June, 1871, at the residence of the bride's grandfather, near Fredericksburg, Indiana, by the Rev. F. M. Moore, of Ladoga, R. W. Long, M. D., of New Maysville, Putnam county, Ind., and Miss Clara Parsons, daughter of the late Dr. Parsons, of Montgomery county, Ind.

DIED.

BRIGHAM.—On the 10th of June, suddenly, Birdie L., youngest daughter of Susan C. and the late Dr. A. Brigham, of Utica, N. Y.

COOK.—On the 10th of June, suddenly, E. C. Cook, M. D., aged 71 years.

DARLING—In Newport, Vermont, May 29th, Solona A., wife of Dr. W. W. Darling, aged 29 years.

GREENE—In this city, on the 9th inst.. Dr. James Montgomery Greene, United States Navy.

MCKNABB—In Woodsville, Vt., May 25th, Mrs. McKnabb, aged 86 years, wife of Dr. John McKnabb.

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LEWIS A. SAYRE, M. D.

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